

# Palestinian Adolescents Coping with Trauma

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# Palestinian Adolescents Coping with Trauma Initial Findings

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## **Palestinian Adolescents Coping with Trauma**

Volume 1, No. 1





## **Palestinian Adolescents Coping with Trauma**

### **Initial Findings**

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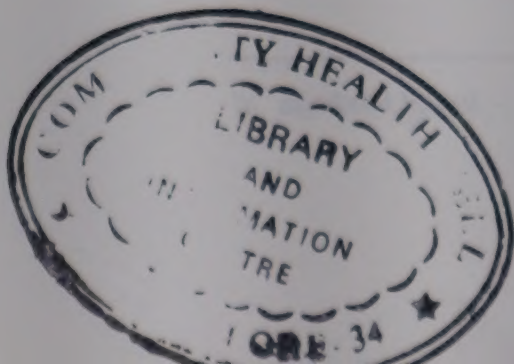
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## Executive summary

This study is the product of a joint initiative completed by the Institute of Community and Public Health, Birzeit University (Occupied Palestinian Territory), and the Social Program Evaluation Group, Faculties of Education and Health Sciences, Queen's University (Ontario, Canada). The research, which includes quantitative, qualitative, and documentative components, seeks to highlight the impact of intensified conflict on the lives, mental health, perceptions, and aspirations of an important but perhaps one of the least understood groups within the Palestinian population: young people between the ages of 15 and 17 years. This group of people has been targeted for study partly because they are at a particularly vulnerable age as they make the transition from adolescence to early adulthood. The study's focus is on mental health and psychological distress and their determinants, during an exceptional period of acute uncertainty and distress in the West Bank.

The sample was selected using a stratified, single stage cluster sampling method. The quantitative survey included 3415 students attending 10<sup>th</sup> and 11<sup>th</sup> grades in the Ramallah District of the West Bank. It included students from the cities, towns, villages and camps in the District in a stratified sampling frame that is representative of all students attending these grades in the District.

A very high level of exposure to violent events was reported by the students included in the study. However, boys reported significantly more exposure to violent events than girls at both the individual level, such as being beaten by the army, interrogated, and humiliated, and at the collective level, such as being exposed to tear gas and random shooting. These gender differences were not as pronounced for the collective level of exposure compared to individual exposure to violent events, a reflection of the pervasive nature of collective violation.

Girls reported higher levels of subjective health complaints, such as headaches and feeling depressed, and extreme symptoms such as inability to concentrate on daily tasks and studies, and having nightmares. Boys, on the other hand, tended to report an increase in aggressive behaviour and abusive language. These gender differences substantiate the need to develop interventions that are gender sensitive and are not based on a 'cookie-cutter' approach to psycho-social mental health.

Camp dwellers, irrespective of family living standard, reported the highest levels of exposure to violent events. Likewise, camp dwellers reported the highest levels of subjective health complaints, extreme symptoms of distress and behavioural changes. The analysis further demonstrates that exposure to violent events within these locales, and the associated subjective health complaints and extreme symptoms, were key in determining youth aspirations. Life satisfaction reports also reveal that camp-dwelling youth are the least satisfied with their lives, followed by village dwellers, and with no appreciable differences between

city and town dwellers. Likewise, experiences of destitution and hopes for the future were inversely related in ways that need to be taken into consideration when designing and implementing intervention projects.

These results can only re-emphasize the importance of the concept of collectivity in analysing violent and traumatic contexts, where often the group one belongs to and where the place in which one lives are key determinants of exposure to violence. Indeed, all too often, a focus on events pertaining to the individual, divorced from context and community, have led to unfortunate emphases on individual remedies (such as one-to-one counseling) when recovery could have been achieved in more effective ways by focusing on strengthening the social fabric and communal support, elements that are known to weaken in times of conflict.

One of the main findings of this study highlights the fact that educational choices in the Occupied Palestinian Territory are largely a function of physical accessibility that is impeded by road barriers, closures, and checkpoints that have become a reality of daily life. These barriers can severely restrict or inhibit travel altogether from one point to another regardless of distance, and consequently, seriously limit student educational choices. The other factor that contributes to limited educational choices pertains to gender norms and expectations that present girls with added difficulties that come in the way of their aspirations to pursue studies in desired subjects not available in their community of residence.

Focus group discussions revealed an interesting dimension in the way students assess the magnitude of violence that they experience. The majority of boys and girls perceived, comprehended and rationalized their experiences and their own vulnerability in terms of the experiences of 'others' who are worse off than they are. In the absence of more tangible methods of assessing resilience and methods of coping, this relative measure may be posited as one way of coping, unconsciously employed by young people to help them accept realities and manage their lives in trying times.

Students' perceptions of life satisfaction and self-rated health were linked to gender roles and responsibilities that define and restrict girls' access to the world outside the home. Significantly more girls reported low life satisfaction levels and worse health than boys. Clearly, in the local context, gender roles have an enormous impact on participation, agency and the freedoms that are afforded to girls and boys in different ways, and therefore influencing their lives and their views on health and life satisfaction. These results, once again, emphasize the need to pay special attention to girls in future interventions, and to work towards strategies that address the specific needs of each of the sexes.

Self-rated health and life satisfaction on the other hand were also linked to family living standard, insofar as comfort, amenities and access to the outside



world through telephones, the computer and the Internet help students to cope in stressful times. Yet, while the home becomes a person's world, it can also become a person's prison.

Another significant finding of this study is that students evaluated their health status (self-rated health) in terms of the symptoms that they experience (both psychosomatic and behavioural), and they recognized that symptoms and behavioural changes are part of the parcel of health status. This is a noteworthy finding in that it contrasts with the discourse that continues to separate the physical from the mental, or to focus on physical health at the expense of psycho-social factors that are important aspects of overall health. This finding will encourage the research team to venture into holistic interventions, given that these young people themselves have made the link between the body, the psyche, behaviour and the mind.

An important theme highlighted by the focus group discussions was 'being bored'. A closer reading of boredom reveals that underlying this complaint is an overwhelming sense of helplessness. Boredom is an expression of disengagement and detachment:

*"I am bored because everything is the same, and since everything is the same, I can do nothing to change the situation."*

These young people are trying to say they feel too helpless to change their situation and that they have no control over their lives. There is little they can do to change the environment or the course of their lives because nothing will change for them: a vicious cycle in itself. This outlook on life is alarming in view of the fact that these young people are at an age when they should be exploring and shaping their worlds. Just when autonomy and control are critical to their maturation into young adulthood, they are abandoning efforts to play an active role in determining their own lives.

Nonetheless, it can be argued that while symptomatic effects are distressing, certain symptoms can be adaptive and function as psychological defenses in the face of dehumanizing living conditions. To paraphrase British clinical psychologist Oliver James (2004), rather than pathologizing symptoms, "they endure as inner ways of functioning when reality becomes unbearable". Indeed, the experiences of subjective health complaints and extreme symptoms (Summerfield, 1999) are not necessarily considered pathological but can be considered as normal cognitive and emotional responses to adverse situations. Thus to confuse symptoms that are normal reactions to catastrophic conditions with a severe mental disorder that requires psychological interventions is to pathologize and undermine the resourcefulness and strength of Palestinian youth.

Yet a worrisome finding is that both boys and girls expressed high levels of

anger, desperation, helplessness, and feelings of loneliness, with significantly more girls reporting these feelings than boys. These reported feelings were also highest among camp dwellers. Other factors such as family living standard, exposure to violence and symptoms of psychological distress all seem to contribute to these negative feelings, feelings that can have incapacitating effects on young people's ability to function and to cope positively with stressful circumstances. However, without further statistical analyses, it is not possible to determine whether symptoms cause these feelings of anger, desperation, helplessness and loneliness, or whether it is these feelings that result in symptoms of distress, be they subjective health complaints, extreme symptoms, or behavioral changes.

Finally, this survey indicates that to students, danger, violence and trauma are very much within their own neighborhoods, close to school and home, sometimes taking place at home, and not only in public spaces. This finding is important for helping to increase the understanding of the context and location of Palestinian youth violation, as the image of youth exposed to violence tends to be fixated inaccurately on their representation at checkpoints. The question that needs to be raised is: "would throwing a stone at a tank that is in the process of destroying someone's neighborhood and dreams be considered risky behavior?" Or should this action be recognized as a symbol of agency, or a strategy of coping for youth living under such extreme stress?

## General recommendations

Although strategies for improving Palestinian young people's lives should aim for the end of occupation and the misery of life within refugee camps especially, more immediate interventions should also take into consideration the differing needs of girls and boys. Since young people live within diverse but interconnected sectors, a sector-wide approach should inform the basis of any community or social intervention. The space within which future interventions can operate is located within the family, the community and the school, as is corroborated by the responses of the adolescents who participated in this study. More importantly, a communal approach neither isolates nor confines the social recovery of adolescents to any one sector or institution such as the family or the school. The assumption is that all social institutions are interlinked and interdependent. The most useful forms of interventions require cutting across the different sectors to integrate their resources and strengths in order to achieve the objective of social recovery and support.

Intervention models that are geared towards adolescents living under such conditions should focus on fostering a sense of purpose, self-confidence, and identity. They should also address the following: a) social participation and engagement; b) appropriate cultural realities and perceptions of youth development and social roles, for example those of girls; c) communal level



factors; d) political contexts of trauma; and e) appropriate psychological and social support mechanisms. Within a Palestinian context, the challenge lies in the development of creative and flexible models that will respond to an ever-changing political and social climate.

In developing a community model of intervention, it is imperative that needs assessments be conducted within specific communities. Although similarities and commonalities exist across Palestinian communities, they also vary by location and region. In recent times, these differences have been accentuated by the erection of the Separation Wall, and the division of the country into differing zones of political reality, with severe economic and social consequences.

Given these variations, a generalized needs assessment will do scant justice to the problems and needs that are unique to each social setting. A community-specific needs assessment will not only identify the concerns and worries of youth, but will allow for the formulation of strategies of intervention and the development of resources to meet the needs of the general population, especially as those are intricately linked to the needs of youth in communities. Programmatically, it is impractical to assume that a generalized universal model will address the needs of all communities. Within a Palestinian context, specific model building will serve a more useful purpose and offers the possibility of addressing specific issues in line with specific needs.





## Introduction

Palestinians have lived in the context of conflict for almost 100 years with varying degrees of exposure to chronic stress combined with periods of acute military brutality. Over the years, attention has been paid to the impact of conflict, dispossession and dispersal on physical health with a primary focus on death, injury, disability, malnutrition and physical disease. However, concern for the psycho-social health of the population, especially of youth and children, is relatively new.

Since the First Palestinian Uprising of December 1987, initiatives aimed at improving the mental health of the population demonstrated a growing realization of the negative impact of acute conflict, particularly on Palestinian children and youth. This was a period when schools closed down for several years, economic activity came to an almost complete halt while public life was transformed into a state of emergency. This period of the first Intifada was marred by extensive violence including the death, injury, and permanent disablement of many, primarily young, people. These were stressful times that led to a rise in communal action notably in the area of disability rehabilitation, but also, gradually, in the area of psycho-social health.

The Oslo Peace Accords of 1993 marked the beginning of a new phase for Palestinians, a phase characterized by the emergence of Palestinian quasi-state structures with the gradual handover of various government spheres to the Palestinian Authority. This was the period of the so-called 'peace building', which followed some 30 years of Israeli military rule in the area. Those 30 years had severe negative ramifications, not only on political and social life, the economy and infrastructure, but also on the mental health of the general population. Protracted periods of stress, poverty, oppression, and a sense of powerlessness brought about by military rule, opened up a space during the Oslo Peace Process period for a public forum on youth violence and psycho-social health.

However, two contradictory perspectives related to youth soon emerged. One perspective was held largely, but not solely, by outsiders who saw Palestinian youth of the First Uprising as growing up in conditions of chaos. These young people were identified as a cause of violence that needed to be restrained, even controlled. This particular approach to youth violence was fixated on the individual behavior of youth with little regard for the context within which violence of this kind emerged.

The main aim of people who held this perspective was to get youth off the streets and back into schools, leaving them with little room for participation and agency, whether inside or outside their classrooms. It can be imagined that such a discourse would be negatively perceived by these young people. The First Uprising not only gave them a taste of participation, it took young people out of a previously disenfranchised state into one of political empowerment.

## Introduction

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During the same period, another perspective was also emerging, a discourse that had a better understanding of the responses of young people to political and other forms of violence. From this perspective, youth were seen as responding to violence through political participation in resisting occupation; during the post-Oslo years, the space for social and political participation had begun to shrink for everyone, and not just young people. This was accompanied by a discourse that came from civil society institutions focusing on the issue of citizens' rights.

The shrinking of an internally and externally mediated space for public debate and collective agency partly explain these developments. By 2000, these civil society institutions had managed to organize themselves into networks calling for a greater expansion of citizens' rights, including the right to participate in charting their future. Nonetheless, by then, contradictory ideas surrounding the agency and participation of youth had become irreconcilable, and local debates on youth intractable. This eventually led to a state of silence on the subject.

It was also becoming clear that the Palestinian Authority was facing a systemic crisis due to a combination of internally generated problems, serious external political obstacles, as well as the reduction of donor aid in the area. The gradual collapse of the Oslo Peace Process and the disillusionment of the general population, articulated with other problems, led to the eventual explosion of the Second Palestinian Uprising. This second Intifada, which began in September 2000, continues to the time of writing this report.

Since September 2000, life circumstances have deteriorated sharply for Palestinians, due to: the escalation of army violence; excessive use of force; shelling and bombardment of civilian areas; destruction and demolition of homes, agricultural land and property; siege, closures and curfew conditions; destruction of infrastructure and the economy with loss of lives and livelihoods; and spiraling poverty leading two thirds of the population to fall below the poverty line.

More recently, the erection of the 'separation wall' has led to the dissociation of families and communities and limited access to health care and other basic services, school and work, livelihoods, land and other resources. All these difficulties have further contributed to the decline in the physical and mental health of the general population, and especially that of Palestinian youth.

As a result, violent behavior among youth, especially around the Israeli army checkpoints, began to increase. Enormous and chronic pressures, and the resolve to respond to violation combined with desperation, are partly responsible for the increased susceptibility of young people, primarily men, to risk taking. Even more noticeably, this pattern of behavioral responses arising out of specific living conditions is not randomly distributed but is found in clusters within the population. In one of its most drastic outcomes, young men have been driven to suicide-like behavior, as seen in cases of those who have died or have been



disabled at checkpoints as they attempt to strike back with stones at a phenomenally well equipped army!

These young people, who were either born or were children during the First Uprising, have grown up confronting the disappointments of the peace-building period. Since the Second Uprising, they have been plunged into and forced to survive in a political quagmire. Critically, their stressful and desperate life events do not relate merely to their current lives. Rather, this generation of Palestinian youth has been chronically deprived and violated on a consistent basis beginning in their childhood years. Their lifelong experiences have shaped their present worldviews, opinions and behavior to such an extent that even suicide-like behavior is regarded by some young people as dignified and a symbol of their political commitment.

There is no question that for Palestinian youth their course of life has changed irrevocably since the beginning of the Second Uprising. During this time, just as the worlds of young people are being turned upside down, many of these same adolescents are reaching a developmental stage where issues of independence may clash with political and cultural expectations. The dynamics have contributed to a sense of internal conflict exacerbating an already vulnerable psychological state. Yet, within the dominant discourse, Palestinians are often cast as passive victims or 'suicide bombers' who have lost all sense of morality.

The over-representation of young people as either victims or terrorists has ignored or marginalized questions of how Palestinian youth organize their modes of existence. The realities of their everyday lives, their psychological well-being, resilience and strengths, receive scant attention from researchers. Despite popular representations in the media that reduce their lives to captions of tragedy and pathos, life for this population is a much more complex and intricate phenomenon.

### **About this study**

This study is the product of a joint initiative completed by the Institute of Community and Public Health, Birzeit University, Occupied Palestinian Territory (OPT), and the Social Program Evaluation Group, Faculties of Education and Health Sciences, Queen's University (Ontario, Canada). The research, which includes quantitative, qualitative, and documentative components, seeks to highlight the impact of intensified conflict on the lives, mental health, perceptions, and aspirations of an important but perhaps one of the least understood groups within the Palestinian population.

Young people between the ages of 15 and 17 years were targeted for study partly because they are at a particularly vulnerable age as they make the transition from adolescence to early adulthood. The focus here is on mental

health and psychological distress and their determinants, during an exceptional period of acute uncertainty and distress in the West Bank.

The study utilizes questions derived from other instruments used in Palestine as well as the World Health Behavior cross-national 'Health Behavior in School-Aged Children Survey'. The study received ethical approval from both universities.

The study attempts to redress simplistic dichotomies by offering a more nuanced reading of Palestinian young people who lead simultaneously normal and fractured lives. While their lives are often discordant, reflecting the chaotic and unpredictable environment in which they live, young people also maintain a semblance of normality in their everyday lives. The research findings support these contradictory realities. On a daily level, boys and girls are engaged in such normal activities as playing on the internet, hanging out with friends and complaining about homework. At the same time, some are involved politically in stone throwing or political demonstrations while others contemplate questions of bombing operations.

The study also aims to examine broadly the availability of resources contributing to the psychological well-being of young people. Through this exercise, the aim is to conceptualize the building of an effective and culturally appropriate support system for this population of young people between 10<sup>th</sup> and 12<sup>th</sup> grades. By completing this research, we hope to provide a significant database for affecting policy, planning and program development on community-based mental health support for young people.



## Conceptual framework

The underlying premises of this study are:

1. If youth live in a context of ongoing violence, it predisposes them to symptoms of psychological distress in addition to shaping and determining their perceptions regarding current events and hopes for the future. The contexts examined in this study include:

- a. Family history: including the death of family members as a result of army violence; imprisonment or detention of family members for long periods; and the legacy of dispossession and dispersion that is handed down from generation to generation.
- b. Communal/collective exposure to violence: including confrontations with the Israeli army, curfews, closures, checkpoints, invasions, and also shooting at homes, house bombings, shelling in neighborhoods, exposure to tear gas and sound bombs, as well as indirect collective exposure such as witnessing shooting, explosions, witnessing friends, strangers and family members being killed, injured, arrests and or humiliated.
- c. Individual exposure to violence: including having one's house searched, occupied by the army, sealed or demolished; being beaten by army or settlers; being used as a human shield; being body searched, shot at or hit, detained, arrested, humiliated, stripped in public, interrogated or tortured; being injured due to military violence.

2. This experience of violence manifests itself in different ways and subjective reports of these manifestations are presented as:

- a. Psychosomatic symptoms or subjective health complaints, in line with the HBSC survey (Haugland et al., 2001), self-reported health status and life satisfaction.
- b. Behavioral symptoms
- c. Attitudinal inclinations regarding Israeli Military Occupation and resistance, and views of current life conditions and hopes for the future.

3. However, such consequences are also shaped and determined by other structural and social influences. These include family affluence, family standard of living, place of residence, and gender. Other possible determinants include protective factors such as the availability of family, school, and teacher support/coping mechanisms, as well as political involvement as a form of retrieval of individual political agency and control.





# Methodology

## Research instruments and methods

This piece of research combines both quantitative and qualitative methods as well as documentation of local Israeli and Palestinian actions from September 2000 to May 2003.

### Quantitative method sample design

The sample was selected using a stratified, single stage cluster sampling method. The quantitative survey included 3415 students attending 10<sup>th</sup> and 11<sup>th</sup> grades in the Ramallah District of the West Bank. It included students from the cities, towns, villages and camps in the Districts in a stratified sampling frame that is representative of all students attending these grades in the District.

The sample was stratified using two factors:

- a) The grade of the student (10<sup>th</sup>, 11<sup>th</sup>)
- b) The type of school (single-sex boy, single-sex girl, coeducational)

Six strata were formed. A list of all 10<sup>th</sup> and 11<sup>th</sup> grade sections, which comprises the target population for the study, was obtained from the ministry of education. The list contains four variables, as shown below:

Section #	Section size	Grade	Name of school	Type of school (all boys, all girls or co-ed)
1	S1	10		M
2	S2	10		F
3	S3	11		M
.	.	.	.	.
.	.	.	.	.
.	.	.	.	.

The cumulative total of the Section size column was established from the above table. Then a single stage probability proportional-to-size sample was selected from each of the six strata. This method of sampling ensures unbiased estimators for the parameters of interest. In this sampling process, the primary sampling unit was Section. That is, in some schools, you might find more than one 10<sup>th</sup> and 11<sup>th</sup> grade sections.

In each stratum the sample was selected as follows:

Section #	Section size	Cumulative section size
1	S1	C1=S1
2	S2	C2=S1+S2
3	S3	C3=S1+S2+S3
.	.	.
.	.	.
.	.	.
N	SN	CN=S1+...+SN

Since the aim was to select (k) sections from a certain strata, then the  $i^{\text{th}}$  section was selected according to the following procedure:

- a) The sampling interval (L) is calculated =  $CN/k$
- b) A random number  $X_0$  is selected from the interval  $[0, L]$
- c) The  $i^{\text{th}}$  random number  $R_i = X_0 + (i-1) * L$  is calculated
- d) The  $i^{\text{th}}$  section in the sample is selected if  $R_i$  belongs to the interval  $[C_i, C(i+1)]$

**The quantitative instrument**

First focus group discussions were carried out with youth from the Union of Palestinian Medical Relief Committees (UPMRC) and Tamer Institute youth programs in Ramallah. From the discussions on general issues pertaining to the context within which youth live, as well as their views of realities and aspirations for the future, a list was then put together of relevant questions that would be included in the study. Based on this experience, the quantitative research instrument (questionnaire) items were compiled. This was combined with relevant questions from the Health Behavior of School-aged Children Survey (HBSC) (Currie et al., 2001), for the purpose of international comparisons. Selected questions from the Exposure to Violence Questionnaire, Birzeit University (BZU), which contained selected extracts from the Gaza Community Mental Health survey questions, were included.

The instrument was then piloted during March 2003. Pilot classes included girls and boys from both private and governmental schools in 10<sup>th</sup> and 11<sup>th</sup> grades. A total of 135 pilot questionnaires were completed by students during the period. During this pilot phase, the observations of field workers were taken on board and the questionnaire rearranged accordingly, to ensure completion and to improve the clarity of questions. Students appeared to show little interest in completing basic demographic, socio-economic, parental and school support, and other such questions. So by leaving 'personal' questions such as those on self esteem, 'do you dream of love?', 'how do you see yourself when you are 25?', and so on until the end, a very high rate of response was encouraged on all of the questions.



It is interesting to note that field workers in both the pilot and main survey had similar impressions: in general, the students were very keen to discuss personal issues (as one main field worker reported: "they engaged"), as if they had never been asked before. In fact, on several occasions, field workers reported that students wanted to continue discussing the questions with them even after the questionnaires had been filled in. This was despite the fact that the questionnaire tended to be long and took an average of 1.5 hours to be completed by the students.

Field workers for the survey were provided with two days of training, conducted by two Institute staff members who had completed the pilot. In addition to the training on administering the questionnaire, concepts of the study as well as explanations on details of the questions were elaborated. Another final pilot was then completed by the field workers, and feedback into the questionnaire was finalized before beginning the field work.

The field work took place during May 2003 with the approval and strong support of the Palestine Ministry of Education (MOE). With the help of 13 field workers in teams of two, the work managed to cover specific locales when curfews or states of siege were temporarily lifted. All in all, the work covered 128 sections in 76 schools. A total of 3415 questionnaires were completed by the students.

Two schools were excluded from the sample as the principals declined participation on the grounds that final examinations would be taking place in May. Both of these were very small private schools located in the Ramallah/al-Bireh twin city axis.

During the field work, the majority of principals and teachers welcomed the idea of the study and were happy to facilitate the process of questionnaire administration. Field workers were told that the study was valuable since it was being completed at a time when students were undergoing difficulties, and the nation as a whole was facing similar anguish. Even though some principals and teachers noted that the questionnaire was too long, they made positive comments especially with regard to the instrument allowing students the opportunity to express 'what goes on inside them'.

Students in general were keen to fill out the questionnaire, especially the last part that allowed them the chance to express their views and to elaborate on their needs and desires. This was seen by the field workers as very important, especially in the current context of deprivation, in which there is a lack of attention by family or school to issues of personal views, wishes and desires. There were complaints that the questionnaire was too long and for others, repetitive. There is no question that the support and assistance of the MOE personnel was instrumental in facilitating the completion of the field work.

The anonymous data was then fed into computers, coded and analyzed utilizing the Statistical Package for the Social Sciences. As data was being analyzed, a back and forth consultation scheme was established with MOE officials to discuss and interpret the results. Three workshops of consultation/dissemination were held during the analysis period, one for the upper levels of the MOE managers, and two for mid level ones, as well as local partners working in the area of youth psycho-social mental health.

### **Qualitative part of the study**

As soon as the initial organization, coding and analysis of the quantitative data were completed, the qualitative part of the study began. The qualitative portion aimed to assist in understanding and validating the findings of the quantitative data, and to help explain some of the results. The qualitative part was carried out over a period of approximately 10 weeks from the start of March to the middle of May 2004. It included a series of focus group meetings with students in schools and refugee camps and involved a total of 16 schools with a total sample population of 321 students. These students consisted of 164 girls and 137 boys, plus 20 students from two mixed groups. Of the schools, 13 were governmental and two private, including six in rural areas and nine in cities. Included in these rural and city schools were eight girls' and five boys' schools.

Meetings were held with primarily 10<sup>th</sup> and 11<sup>th</sup> grade classes since it was difficult to gain access to 12<sup>th</sup> grade classes as they were preparing for the General Education Certificate Examination (Tawjihi). The Ministry of Education helped to develop a schedule for schools located in the villages, usually half an hour by taxi ride from the center of Ramallah. In several instances, the presence of checkpoints hampered efforts to reach certain village schools and meetings had to be cancelled.

In each school there were usually two groups allocated, a 10<sup>th</sup> and an 11<sup>th</sup> grade class. Each group would usually meet twice over two weeks for about one hour. Although the team succeeded to a considerable degree in meeting on two occasions with boys from government schools in the city, they were forced by exam pressure, geographical distance and accessibility problems – due to the checkpoints and the closure – to limit subsequent meetings to one session usually lasting for one hour or more. In the end there were 13 single-session groups and eight two-session groups. Meetings were also held with young people in their 10<sup>th</sup> and 11<sup>th</sup> grades who lived in one of the refugee camps.

Altogether, 10 groups for girls and nine groups for boys were held, and two mixed groups. A total of 11 groups were arranged with 11<sup>th</sup> grade classes and eight groups with 10<sup>th</sup> grade classes. There were two focus groups with 12<sup>th</sup> grade students. The average number of students in each focus group was 13. In these groups, open-ended questions were posed, based on several primary themes



related to life experiences, mental health issues, help seeking patterns and systems of care-taking.

It was soon found that although the team tried to pose a structured set of questions each time, every group would react a little differently. Over time, the questions posed would vary depending on the mood in each group, their interest and availability of time. It was also discovered that the majority of young people were unaccustomed to being solicited for their opinions. So while the questions were enthusiastically received in some groups, others found the group discussions too daunting. Even within the same groups, there were some adolescents who sat in silence while others would not stop talking.

The methodological issues related to a research project of this nature raise questions to do with trans-cultural and linguistic categories. It was complicated by working without tape recording to capture the accuracy and content of the discussions. Although the process notes were recorded after each meeting, the team was also aware that they were limited by their memories and the inability of one of the two researchers to speak Arabic. As a result, some of the material and nuances may have been lost in translation.

### **Study limitations**

This study is limited by the fact that it was school based, and therefore, did not include students who have dropped out of school. However, current Ministry of Education reports indicate a generally low level of attrition from school, ranging from two to four per cent of 9<sup>th</sup> to 11<sup>th</sup> graders. Other study limitations include a decision not to ask students about political party affiliations, and thus limiting the findings to indirect indicators of political activism, rather than direct involvement. This decision was made in part due to the sensitivities and risks entailed in divulging such information, which youth may have or may have not been willing to respond to.

Finally, although it was seriously considered to include 10<sup>th</sup> and 11<sup>th</sup> graders from all of the West Bank and Gaza Strip in this study, the prevailing conditions in the country at the time of the field work and the write up of this report precluded this option, leading to the decision of including only the schools of the Ramallah District. Thus the findings can only be generalized to the Ramallah District where the study took place, and not for the country as a whole.





## General context of Palestine: September 2000 – May 2003

The second Palestinian Uprising erupted on September 29, 2000 following Ariel Sharon's accession to the Haram al-Sharif on September 28. Popular revolt was the ultimate expression of defiance against continued military occupation and the apparent failure of the project on national independence. Met by excessive Israeli military force, the revolt degenerated into a militarization of the conflict and all attempts to resume a meaningful political dialogue have so far failed. Since then, the living conditions of the Palestinian population in the West Bank and Gaza Strip have deteriorated sharply.

The tightened external siege prevented tens of thousands of Palestinian workers from reaching their previous jobs in Israel and an internal closure was controlled by more than 100 military roadblocks and checkpoints. It prevented people from reaching basic services and work, as well as from obtaining supplies.

The overall economic decline in the Palestinian Territories especially affected the agricultural and commercial sectors. By the beginning of 2003, 60% of the population of the West Bank and Gaza lived under a poverty line of US\$2 per day. Unemployment nationwide stood at 53% of the work force, and the incidence of malnutrition had risen, especially among women of reproductive age and children under five.

In early March 2001, the almost simultaneous change of political leadership in Israel to Prime Minister Ariel Sharon and in the USA President George Bush coincided with a harsher policy of collective punishment against the Palestinian civilian population by the Israeli army. Repeated Israeli raids on Palestinian refugee camps, towns and villages caused massive destruction that left thousands of people homeless. At the same time, the phenomenon of Palestinian bombing attacks against Israeli civilians emerged from West Bank territories<sup>1</sup>. Those were carried out mostly by young men in their late teens or early twenties.

While holding the native population captive, Israel destroyed and confiscated more Palestinian land for the expansion of Jewish colonies and their exclusive road network. By May 2002, the settler community in the West Bank had almost doubled to 380,000 from 193,000 in 2000<sup>2</sup>, and 42% of Palestinian land had been taken for illegal settlement activity<sup>3</sup>.

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1. First bomb attack since the beginning of the Second Intifada occurred on 4 March 2001 in Netanya

2. Source for 2000: <http://bringthemhome.btvshalom.org/Settlers1.pdf>

3. B'tselem Report: *Land Grab. Israel's Settlement Policy in the West Bank*. Released May 2002  
Municipal boundaries allocated to the settlements extend far beyond the built-up areas and account for 6.8% of the West Bank. Land assigned to settlers' regional councils adds a further 35.1%

The Israeli practice of systematic home demolitions as punishment for Palestinian political or militant activity, even if the person was dead or imprisoned, was renewed in October 2001<sup>4</sup>. Up to the end of 2003, 479 Palestinian houses had been completely demolished<sup>5</sup>.

The year 2002 marked further military escalation and the reoccupation of the entire West Bank by the Israeli army. For Palestinian refugees living in poverty-stricken camps it was a recurrence of the trauma experienced by their parents in 1967 and their grandparents in 1948.

Once the reoccupation was completed, in June 2002 the construction of the first phase of the 'Separation Wall' began in the Jenin area, northwest of the West Bank. It cut out most of the fertile Palestinian agricultural lands above the Western Aquifer for annexation by Israel, separating 50 villages and the city of Qalqilia from their fields and from each other. Access to schools and universities, health care, work, markets, and other basic services was severely disrupted.

Although the Palestinian Authority and civil society continued to provide basic services to the population as best as they could, the conditions for service delivery became extremely difficult, especially in the rural areas. Ambulances are often unable or forbidden to cross roadblocks and have to make long detours in order to reach the next hospital. At night all fixed roadblocks in the West Bank remain closed<sup>6</sup>. In addition to temporary roundups and mass detention of tens of thousands of Palestinian men between 15 and 45, the number of prisoners held by Israel increased from 1078 in January 2002 to 5362 in May 2003<sup>7</sup>.

## **The Experience of Ramallah/al-Bireh District (January 2002 – May 2003)**

Prior to military reoccupation of the West Bank, the residents of Ramallah/al-Bireh experienced continuous attacks from settlement positions, Israeli army helicopters and F16 fighter planes targeting Palestinian Authority buildings and especially police stations. These attacks caused many civilian casualties and destruction to property.

In February 2002, after a Palestinian attack on a military roadblock<sup>8</sup>, the Israeli

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4. B'tselem: <http://btselem.org/> After Israel had ceased house-demolitions as punishment policy in late 1997

5. This does not include the homes demolished on grounds of lack of building permits

6. During the period of January 2002 to February 2003, B'tselem recorded a partial list of 16 persons in need of medical intervention, where the patients or newborn infants died because they were delayed by the army at checkpoints ([www.btselem.org/English/Freedom\\_of\\_Movement/AI\\_Aqsa\\_Death\\_after\\_Delay.asp#Anchor-Dec02](http://www.btselem.org/English/Freedom_of_Movement/AI_Aqsa_Death_after_Delay.asp#Anchor-Dec02))

7. B'tselem: [www.btselem.org/English/Administrative\\_Detention/Statistics.asp](http://www.btselem.org/English/Administrative_Detention/Statistics.asp)



army effectively cut off the lifeline between Ramallah and its rural periphery. The entire western sector of Ramallah District including 30 villages was placed under 'house arrest' for six months. Access for medical and international emergency aid was strictly prevented. Children's basic immunization programs stopped and schools remained closed. As poverty was soaring, an increasing number of households came to rely on the support network of family relations and neighbors.

The road to the north, connecting Ramallah with another 60 northern and eastern villages<sup>9</sup>, was severed too. Makeshift roads and open terrain became the only option for moving from one place to another at the risk of being shot on sight. The southern road leading to Jerusalem remained the only passage for civilian car traffic controlled by a fortified checkpoint (Qalandia) that was open irregularly during the day and always closed at night. A passage for goods only was set up on a separate spot southwest of Ramallah with a back-to-back system for unloading and reloading trucks.

On March 29, after an escalation of Palestinian suicide bombing attacks inside Israel, Ramallah/al-Bireh was invaded and reoccupied along with other Palestinian controlled cities in the West Bank. In Ramallah and al-Bireh, the invasion resulted mainly in extensive destruction and looting of public institutions, infrastructure and the commercial sector.<sup>10</sup> A 24-hour curfew was imposed that lasted 21 days. All male residents between 16 and 45 were detained and hundreds of them transferred to military camps,<sup>11</sup> while their women, children, and the elderly were subjected to house-to-house searches or home occupation. Theft and vandalism from commercial and food stores were also reported. Palestinian health service providers and especially emergency personnel and ambulances became prime targets of assault, while media coverage was prevented.

After the army 'redeployed' to the city borders, curfews were often re-imposed and the siege remained in place for the rest of the year.<sup>12</sup> A special permit system was imposed on people who wanted to travel between places within the West Bank.

The northern 'Surda roadblock' and access to Birzeit University remained closed, forcing the university to cancel its summer program. The start of the new school

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8. On February 19, Palestinian gunmen killed six Israeli soldiers at the roadblock of 'Ain 'Ariq

9. Including Birzeit University

10. For details see the *Report on the Destruction to Palestinian Governmental Institutions in Ramallah*, published at [www.gush-shalom.org/terror/report2.html](http://www.gush-shalom.org/terror/report2.html). Caused by IDF between March 29 and April 21, 2002

11. By April 9, some 2000 Palestinians were detained throughout the West Bank in large outdoor prison encampments

12. In total, Ramallah and al-Bireh were subject to 100 days of full curfew between March 2002 and May 2003. Source: Palestinian Red Crescent Society [www.palestinerics.org/Presentation%20PowerPoint%20Curfew%20Tracking%20July%202002\\_files/frame.htm](http://www.palestinerics.org/Presentation%20PowerPoint%20Curfew%20Tracking%20July%202002_files/frame.htm)

year was also delayed, as in mid-September the Israeli army attacked the Muqata (Presidential headquarters) for 11 days, threatening to capture or kill the President and those imprisoned with him. At this point the Palestinian civil society began to defy the military curfew orders and took again to the streets. The siege of the city, however, continued, and vehicle traffic did not resume until almost one year later.

For traveling abroad, permits for Palestinians to leave from Ben Gurion airport were no longer granted and West Bank residents had to travel through Jordan. At the same time, the Jordanian authorities introduced new restrictive measures for Palestinians in transit to Jordan. Males between ages 16-35 required a clearance from the Israeli authorities to leave the country.

In January 2003, the construction of the 'Separation Wall' around 'Greater Jerusalem' began south of Ramallah/al-Bireh. More than 20 villages between Ramallah and Jerusalem were designated to become 'seam line' buffer zones. Since then, West Bank ID-holders aged 16-45, were forbidden to leave through the official checkpoint, including many high school and university students who can no longer reach their schools and colleges. Several children were shot dead there in protest against the Wall and many people risk their lives daily for very basic needs.

The impending war in Iraq incited fears of forced deportations of entire Palestinian communities and the dismantling of the Palestinian Authority. To save his neck, President Arafat conceded to international pressure and instated a Prime Minister (Mahmoud Abbas) one day before Iraq was attacked. Meanwhile, exit roads from Palestinian villages were destroyed to disconnect them from the regional road network. Using most of these roads became the privilege of Israeli settlers and army vehicles, while simultaneously new settler highways were being carved out from remaining Palestinian agricultural lands.

It is clear now that the Separation Wall will annex to Israel all the blocks of Jewish colonies that occupy vast spaces inside the western Ramallah district. The Palestinian communities squeezed between these colonies and the western 'green' line will be isolated from Palestinian centers of life. Non-violent resistance of villagers has been met with increasing army and settler violence. The process of dispossession and destruction of agricultural resources, livelihood, society and history in the western Ramallah district is still ongoing at the time of writing of this report.

It is within this context that this study of 15- to 17-year-old Palestinian students was completed, a context that not only shaped the approach taken to understand youth, but also shaped the responses of these students in major ways, as youth, like everyone in Palestine, are experiencing tragic life events. Thus a contextual, and not only individual, interpretation of the results that follow is imperative.

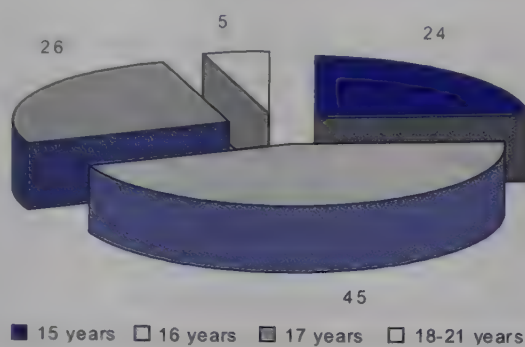


## Survey: results and analysis

### Sample description and demographics

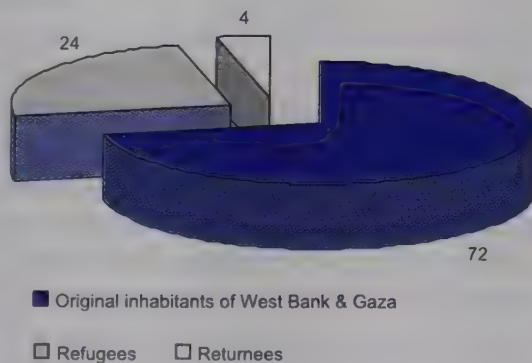
The sample consisted of 3415 young people attending Grades 10 and 11 in the Ramallah district. Of the total surveyed, 24% were 15 years old, 45% were 16, 26% were 17, and 5% were between 18 and 21 years old (Figure 1). The mean age was 16.12 years. Fifty-two per cent of the respondents were girls and 48% were boys.

Figure 1: Distribution of the sample by age (%)



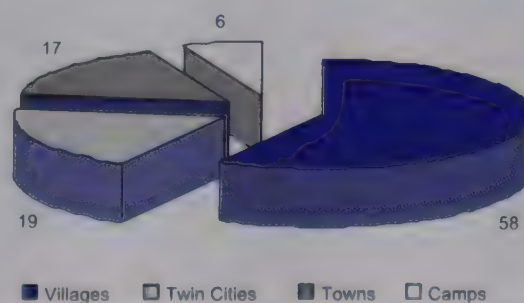
Seventy-two per cent of respondents reported that they were original inhabitants of the West Bank and Gaza Strip, that is, they were never displaced as a result of wars (Figure 2). However, many inhabitants of the Ramallah District are from other parts of the Occupied Palestinian Territories (OPT) as migration in search of work opportunities has become an increasing phenomenon, especially in recent times. In addition, Ramallah boasts a substantial middle class of 1948 coastal city refugees that have managed to survive the extreme stress of war and displacement and have since done rather well economically.

Figure 2: Distribution of students by origin (%)



In total, 24% of the respondents reported that they were refugees (either as a result of the 1948 or 1967 diasporas), living both inside and outside refugee camps, and 4% were returnees who consisted predominantly of refugees whose families left the country at some point in time but have since returned after the Oslo Peace Accords were signed in 1993. Among those who reported

Figure 3: Distribution of students by residence (%)



## Survey: results and analysis

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being refugees, 38% lived in urban areas, 15% in towns, 23% in villages, and 24% in refugee camps.

Fifty-eight per cent of students surveyed lived in villages (Figure 3), 6% lived in camps and the rest lived in towns (17%) and the twin cities (19%). Seventy-nine per cent of the students lived in nuclear households (households composed of parents and children only) and 21% lived in extended households (households that include other types of kin).

Only eight per cent of the students surveyed attended private schools, with significantly more boys (10%) attending private schools compared to girls (6%) ( $p < 0.00005$ ). A higher proportion of boys (18%) attended coeducational schools compared to 12% of girls ( $p < 0.00005$ ). These gender differences point to local norms that prioritize male education and to the fact that there is less resistance to boys attending mixed schools compared to girls.

Of the total group studied, 53% were in Grade 10 and 47% were in Grade 11. Of those in grade 11, and due to the streaming that normally takes place in schools within the country, 31% were in the science stream, 63% were in the arts stream, 6% were in the industrial/hotel/commerce, and American curriculum streams. The American curriculum is specifically offered to Palestinian American or Palestinian children who used to attend an American system of schooling abroad and who have since returned home. As expected, significantly more boys were in the science stream (36%) compared to girls (27%); 54% of boys were in the arts stream compared to 71% of girls; and 10% of boys were in the other streams compared to a low of 2% for girls ( $p < 0.00005$ ).

These results may be partially explained by the direction young people are encouraged to take by schools and families. A gendered message encourages women to pursue an arts stream in preparation for future roles as wives and mothers. On the other hand, more boys are streamlined into scientific subjects because of expectations that they will become primary breadwinners for their families. These results may also be due to the relative scarcity of science stream options for girls compared to boys, especially in the rural areas. Despite their unwillingness, girls often end up in the arts stream because of the lack of choice.

The qualitative research findings also indicate that in addition to gendered expectations, travel restrictions and the indignities suffered by girls at checkpoints have forced some of them to reconsider their stream of choice. For example, for an 11<sup>th</sup> grade girl who had to make the daily trip from home to school in a neighboring village, the situation at the checkpoint became intolerable. To avoid being humiliated by the soldiers, she was forced to forsake her dream of studying science to become an engineer. She expresses her sense of injustice:

*"It is not enough that they took our land and country away from us but they took away my dream of becoming an engineer... there is no scientific*



*stream in school in [village where she lives] so I had to go to [another location] for that ... The humiliation I faced at the checkpoint forced me to give up the scientific stream and to come back to this school which has only the arts stream ... Seven of us were forced to come back to this school."*

So, educational choices in the OPT are largely a function of physical accessibility in addition to the other factors discussed above, such as gender norms and expectations, affordability and of course student ability and academic inclination.

Educational background of parents

Twelve per cent of students reported that their fathers had no schooling, 45% had some schooling but did not complete high school, 20% graduated from high school and a high of 23% had post-secondary education. As expected, fathers living in urban areas had significantly higher educational attainments, with 42% of those living in cities having a post-secondary education compared to 22% of those in towns, and 18% each in villages and camps. The proportion of fathers with no schooling is highest in camps and villages at 15% each, followed by towns and cities at 8% and 7% respectively (Table 1). These levels are probably confounded by the age of fathers, as educational attainment in Palestine has risen dramatically in the past 20-30 years.

Mothers' education follows a similar pattern although approximately one-fifth of mothers (21%) had no schooling at all; 48% had some schooling but did not complete high school, 18% completed their high school education, and 13% had post-secondary education. However, these rates are lower than those for fathers. Urban mothers are the most educated with 32% having more than a high school education compared to 14% of those in towns, 7% in villages and 10% in camps. Education is a factor in determining women's employment, as demonstrated in Table 1.

Table 1: Parents' educational level by residence (%)

Educational level	City		Town		Village		Camp		Total	
	M	F	M	F	M	F	M	F	M	F
None	7	8	5	13	15	27	12	22	12	21
Some	29	30	50	54	48	51	47	49	45	48
High school	22	30	20	19	19	15	20	19	20	18
Post-secondary	42	32	22	14	18	7	18	10	23	13

$\chi^2 = 199.596$ ,  $p < 0.00005$  men  
 $\chi^2 = 441.135$ ,  $p < 0.00005$  women

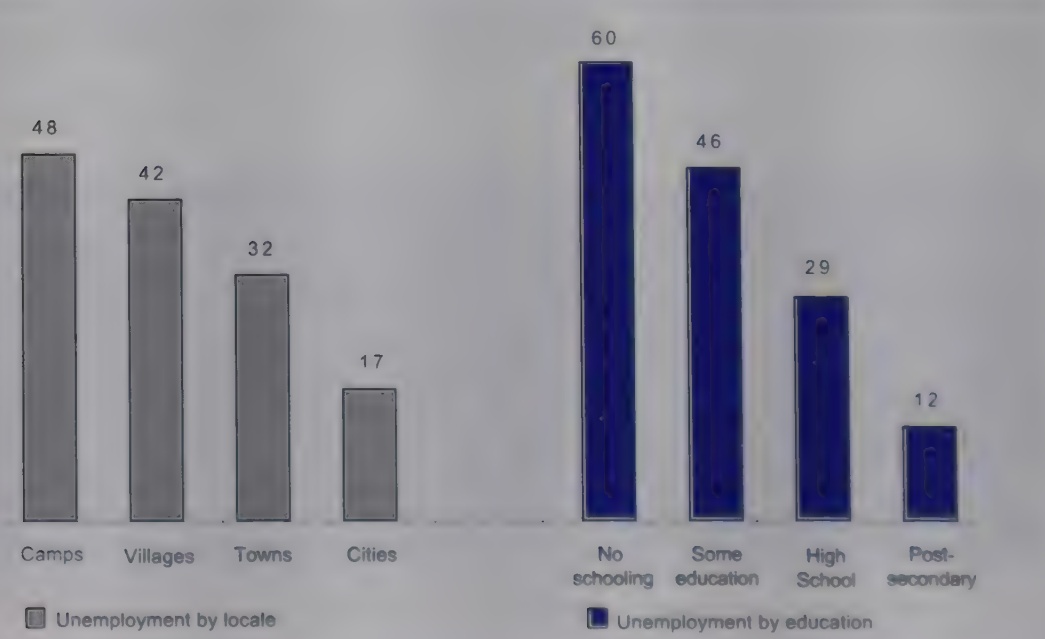
Employment of parents

Information obtained from students about their fathers' employment status reveals that 54% of fathers held jobs during the month preceding the survey, 30% were unemployed, and 5% did not know whether their fathers were unemployed or not. Interestingly, 12% of students reported that they do not have fathers, or do not see them. Other than through death, imprisonment and detention, and given the very low rates of divorce in this country, particularly in the Ramallah District<sup>13</sup>, this raises interesting questions as to where these fathers could be. If we exclude those who did not respond, and/or those who do not see their fathers (17%), the level of paternal unemployment increases to 36% among respondents.

The Palestine Central Bureau of Statistics (PCBS) categories were used to categorize parents' types of jobs. Among those whose fathers were employed at the time of the survey, 9% held posts in the director/manager category (PCBS categories), 10% were professionals (doctors, engineers, pharmacists, lawyers etc.), 27% were technicians, 3% were clerks, 9% worked in the service sector, 16% worked in crafts and related services, 12% operated machinery, and 15% held elementary occupations (not exactly the informal sector, but according to PCBS, menial lower level manual jobs).

Unemployment of fathers appeared to be highest in the camps (Figure 4), with 48% of camp-dwelling youth reporting that their fathers did not hold a job during the month preceding the survey, compared to 42% for villages, 32% for towns, and 17% for cities ( $p < 0.00005$ ). Unemployment is highest among fathers with the least education: 60% among those with no schooling; 46% for those with some education; 29% for those with a high school degree; and a low of 12% for those

Figure 4: Fathers' unemployment by locale and educational level (%)

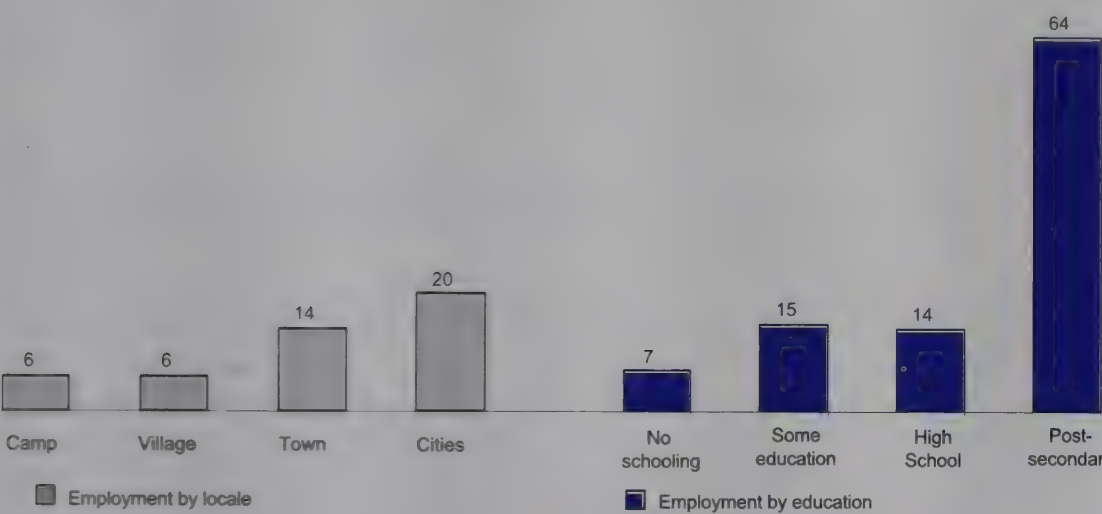




with a post-secondary education ( $p<0.00005$ ). As such, educational attainment is one of the important factors contributing to family income and family standard of living but not the sole determinant, as will be elaborated on later.

Of the total sample, only 10% of mothers were employed (Figure 5). The majority of working mothers (64%) had post-secondary education, 14% had high school diplomas, 15% had some education, and 7% had none ( $p<0.00005$ ).

Figure 5: Mothers' employment by locale and educational level (%)



Mothers' employment was highest in cities. Twenty per cent of young people living in cities said they had working mothers, compared to 14% of those living in towns, 6% in villages, and 6% of those living in camps ( $p<0.00005$ ). Only 5% of these mothers held posts as directors/managers, a rate lower than that reported for fathers; 13% were professionals; a high of 58% were technicians; 6% were clerks; 10% worked in the service sector; and 8% held jobs related to crafts, operating machinery, and elementary occupations (menial lower level manual jobs). Overall, the data indicate that women's work is associated with their level of education as well as place of residence and the availability of opportunities for their employment.

In summary, these results indicate that parental employment is determined to a large extent by the educational attainments of parents, as well as their place of residence. The most educated parents, especially those residing in cities, were the most likely to hold jobs.

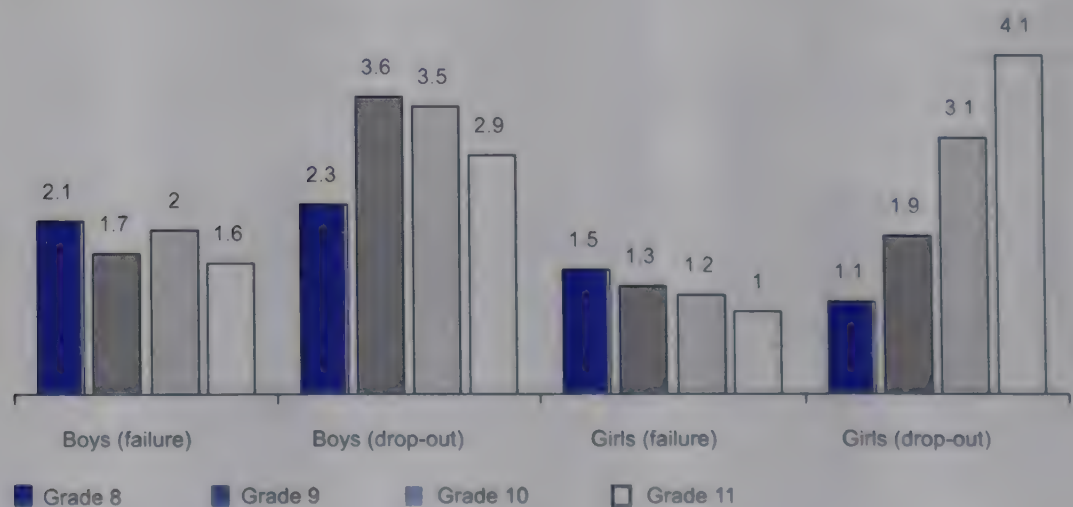
Perceptions of family affluence

Students were asked to report on how well-off their families were, a subjective indicator of family affluence, and assessed in relation to others living around them. In the absence of other measures of affluence, responses to this question offer reasonable and useful results that have been used elsewhere to differentiate groups by affluence status.

In the study, 21% of students reported that they were very well-off; 29% were well-off; 37% were of average wealth; 8% were not very well-off; and 4% were not well-off at all. In these reports, differences exist by sex for the not well-off group only, in favor of boys, with 3% of these young men reporting that they were not well-off at all compared to 6% of girls ( $p=0.006$ ).

With controlling for the type of schools these students were attending (private versus public), the female disadvantage remained strong for public schools but disappeared for private school attendees. These results indicate that girls are generally poorer than boys, a result obtained when we analyzed the family standard of living scale as well (Figure 7), and may reflect higher rates of failure and attrition of boys from schools compared to girls. In comparison to girls, boys begin to drop out of school starting in Grade 8, and these tend to be boys from poorer economic backgrounds. Indeed, data obtained from the Ministry of Education on the level of failure and drop-out rates for all governmental schools in the country points in that direction. These data (Figure 6) show that the proportion of boys who fail school and drop-out are consistently higher than those of girls until Grade 11. For the academic year 2001-2002, 2.1% of boys failed the 8th grade and 2.3% dropped out altogether compared to 1.5% failure and 1.1% drop-out rates for girls. For the 9th grade of that year, 1.7% of boys failed and 1.9% dropped out compared to 1.3% failure and 1.1% drop-out rates for girls. For the 10th grade of that year, 2% of boys failed and 3.5% dropped out compared to 1.2% failure and 3.1% drop-out rates for girls. For the 11th grade of that year, 1.6% of boys failed and 2.9% dropped out compared to 1% failure and 4.1% drop-out rates for girls.

Figure 6: Drop-out and failure rates among students in Grades 8-11, by sex (%)





3.6% dropped out altogether compared to 1.3% failure for girls and 1.9% drop-out rate. For the 10th grade, 2% of boys failed and 3.5% dropped out again compared to 1.2% failure rates for girls and 3.1% for drop-outs. By the 11th grade, the picture is reversed with an increased drop-out rate of 4.1% for girls compared to 2.9% of boys; and a 1.6% failure for girls compared to 1% for boys.

It can only be speculated as to the reasons for poorer boys dropping out earlier than girls. Poverty, the need to work, and other socio-cultural factors related to a preference for boys that inadvertently lead to less discipline and inclination to study may get in the way of their academic achievement. In addition, the freedom of movement accorded to boys, which allows them to participate in activities otherwise closed to girls, can also lead to a lack of interest in pursuing an education. In contrast, girls drop out because of marriage or the need from their families for housework, a pattern that appears stronger at the 11<sup>th</sup> grade, (around the ages of 16 to 17). Within the local context, this is an acceptable age for marriage. These observations can explain our findings pertaining to higher reports of poverty among girls at the lower grades compared to boys in the sample.

The qualitative component of this research project also highlights how gendered assumptions within society affect the educational aspirations and poverty levels of girls. What the study shows is that gendered expectations have been reinforced by the worsening political and economic conditions in recent years. The devastating poverty particularly in rural areas has forced greater numbers of girls to leave school at a younger age. A group of 11<sup>th</sup> grade girls in one village are disturbed by the fact that once they finish secondary school, their families will not be able to send them to university. They may also be pressured to get married to relieve their parents' financial burden. An 11<sup>th</sup> grade girl captures the loss of potential in these words:

*"Once they [girls] get engaged they will leave school and sit at home."*

Perceptions of family affluence are linked to fathers' unemployment to some extent. Responses from 2838 students who answered both questions (perception of wealth and fathers' employment) indicate that 81% of those who perceived themselves as very well-off also reported that their fathers had a job during the past month, compared to 74% among those who reported themselves as well-off, 59% who reported themselves as of average affluence, 36% who reported themselves as not well-off, and 26% who reported themselves as not well-off at all. Furthermore, only 6.6% of those who reported that their fathers had a job during the past month perceived themselves as not being well-off or not well-off at all, compared to 25% among those who reported that their fathers did not have a job during the past month ( $p < 0.00005$ ).

These findings allude to the complexity of assessing family affluence in the Palestinian context because of its link to a variety of factors that cannot be analyzed solely by identifying type of employment. This is further compounded by

perceptions of poverty and affluence that are relative measures, and usually stem from comparisons with degree of affluence in the community at large. Among those whose fathers were employed, the type of employment seems to be associated with the responses of youth, but again not exclusively. For example, 79% of youth who reported that their fathers held managerial/professional jobs described their families as well-off, compared to 45% of those whose fathers were manual workers. One per cent of students whose fathers held managerial/professional jobs reported that their families were not well-off compared to 11% whose fathers held non-professional jobs ( $p<0.00005$ ).

In summary, this analysis indicates that boys, at the lower grades, tend to report higher levels of perceived family affluence compared to girls. This can be attributed to a higher drop-out rate for boys from poor socio-economic backgrounds to work and support their families. In contrast, girls tend to drop-out up at the higher grades (grades 11 and 12), probably due to the pressures to get married, leave home and lessen the financial burden on the family.

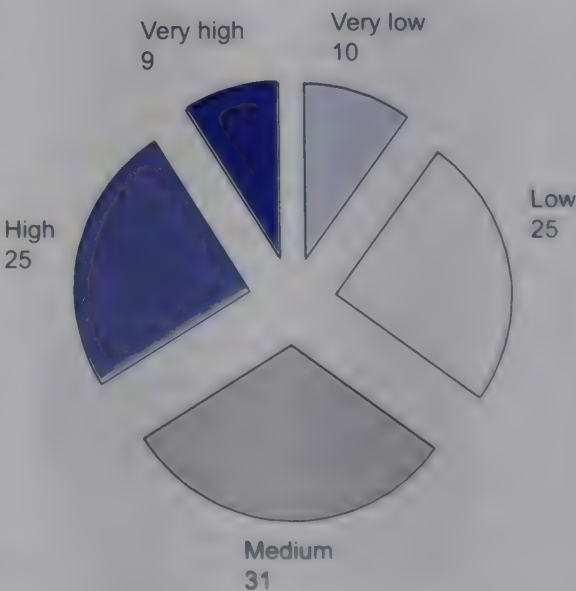
Standard of living

A standard of living index (STL) was created (see Appendix for details), that includes home amenities and consumer durables and that reflects both affluence and a particular living standard associated with education, type of work of parents, and urbanity or the extent to which families are set in a modern way of life. Such indices are sometimes used as a proxy indicator of affluence.

However, within the local context, amenities and consumer durables do not merely indicate the ability to pay. They also represent expenditure priority in relation to the type of economy and society in which families are embedded including family educational levels. Although STL only partially measures family affluence but more importantly the family's way of life, it is seen as a possible determinant of exposure to violence, symptomatology, as well as views regarding life, self and the future as reported by these students.

Overall, 10% of the students were classified as having a very low

Figure 7: Distribution of sample by standard of living (STL) (%)



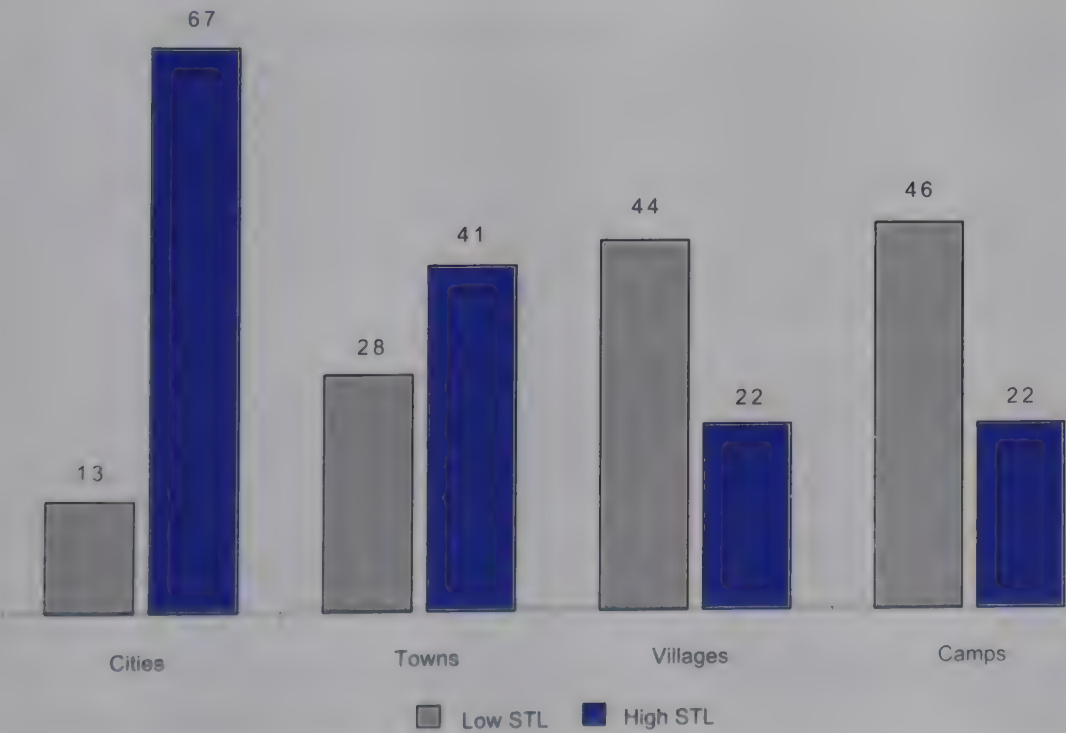


STL; 25% as having a low STL; 31% as having a medium STL; 25% as having a high STL; and 9% as having a very high STL (Figure 7). The pattern favoring boys that was noted previously for self-perceived wealth appeared again, with 31% of boys fitting in the low STL group compared to 40% of girls, and 37% of boys fitting in the high STL group compared to 31% of girls ( $p<0.00005$ ).

In view of the fact that the STL scale assesses the presence or absence of material items, it seems that girls in this sample are less materially endowed than boys. What is also of interest is the finding that students in Grade 11 report a significantly higher STL than students in Grade 10: 38% of those in Grade 10 reported a low or very low STL compared to 33% of those in Grade 11. Furthermore, 32% of those in Grade 10 reported high and very high STL compared to 36% of those in Grade 11 ( $p=0.007$ ). This finding, combined with the results above, suggest that higher levels of attrition among those with a low standard of living is certainly the case. Data from the Ministry of Education reported above supports these observations.

When STL is examined in relation to locale (Figure 8), the results are consistent with what is already known, where the highest proportions of low STL is for camp dwellers at 46% compared to 44% for those living in villages; 28% for those in towns; and 13% for those in cities. Examining the other end of the scale, 67% of city dwellers fit into the high STL category compared to 41% of those living in towns, and 22% each of those in villages and in camps ( $p<0.00005$ ). Comparisons of students in private versus public schools provide similar results,

Figure 8: Standard of living (STL) by locale (%)



with 80% of those attending private schools being placed in the high STL category, compared to 30% of those attending public schools. Similarly, 38% of students attending public schools report low STL compared to only 7% of those attending private schools ( $p < 0.00005$ ).

STL was associated with the educational level of fathers but even more so with that of mothers. Fifty-seven per cent of those whose fathers hold post-secondary degrees were placed in the high STL category, compared to 43% of those whose fathers held high-school diplomas; 23% of those whose fathers had some education; and 14% of those whose fathers have no education at all ( $p = 0.00005$ ). Furthermore, 68% of those whose mothers held post-secondary degrees placed in the high STL group, compared to 53% of those whose mothers held high school diplomas; 25% of those whose mothers had some education; and 14% of those whose mothers had no education ( $p = 0.00005$ ). The association remained strong, even when controlling for residence, indicating that STL, as expressed by the presence of amenities and consumer durable goods at home, is not merely a function of affluence or place of residence. Just as crucially, it is a function of family educational levels and types of schooling, all of which are indicators of a way of life that is beyond the simple availability of finances to purchase household amenities and durable goods

There was considerable anxiety when young people voiced their worries and concerns about economic and financial uncertainties. With the Second Intifada, many of the villages outside Ramallah witnessed a sharp economic downturn and increased levels of poverty. The girls in one village were very open in sharing their families' financial predicaments:

*"My father is a taxi driver... His daily income decreased from NIS500 to NIS100/150 a day... This never covers home expenses, barely covers car maintenance and gasoline... My mother sells in a shop... People come to her to buy things without paying any money because they don't have money... We don't have enough money ourselves so we also buy things on loan from the sales people who come to provide the shop with things... We are NIS100,000 in debt... We are financially devastated and this is the situation with many other people in the village."*

*"The economic situation in my family became very bad... My sister used to study at the local university and my brother in Russia... After the Intifada, we have suffered financially... My sister was forced to leave university and to start working to send money to my brother in Russia." (Grade 11 girl)*

*"I know I will be finishing high school but I can't enter university because of our difficult financial situation." (Grade 11 girl)*

*"We know that we will be sitting at home after high school like the generations preceding us... This fact destroys our ambition to study for high*



*school exams even though we are good students with good grades... We know someone who had a distinction in her Tawjihi exams but she could not enter university because of her parents' financial crisis". (Grade 11 girl)*

In a struggling economy, the building of the wall not only means the loss of land but a greater loss of livelihood for young people and their families as dunums<sup>14</sup> upon dunums of olive groves and agricultural land are razed to the ground. A boy in Grade 10 compares the wall to:

*"A prison, socially, economically and psychologically."*

His classmate describes her anxiety in these words:

*"Whenever I come back [from a demonstration against the wall] I go to sleep and wake up in the middle of the night, I start crying thinking about the images I saw today and what my family is going through and how we are going to survive after all our land has been confiscated and my father will be losing his job as a result of building the wall."*

So, overall the educational level of fathers, and more importantly, mothers are the primary determinants of families' standards of living (STL), although residence, affordability and access are also important. These factors are all a function of the degree to which the family is embedded in a modern economy and way of life.

## Exposure to violence

For four years, the country has been trapped in a cycle of unprecedented and escalating levels of violence affecting the entire population. While Ramallah/al-Bireh cities were the target of highly destructive and successive attacks, severe closures, curfews and siege, rural areas were not spared, even though the April 2002 invasions focused on cities. Throughout the remainder of the year, various other locales were also successively invaded and placed under strict curfew for limited periods of time. Rural areas, moreover, suffered the consequences of closures and siege to a higher extent than the city, especially in terms of lack of access to work, schooling and basic health and other services.

The survey asked students to respond to items that addressed a range of violent events that are a reality of living in Ramallah. Some of these events are perceived as experiences that occurred at a collective level, such as exposure to tear gas, and others that occurred at an individual level such as being beaten by the army. Overall, students reported very high levels of exposure to violent events (Table 2). Important gender differences in are also noted the levels of exposure to

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14. Four dunums are equivalent to one acre

violent events, with significantly higher levels occurring among boys. Note that the gap between boys and girls is highest for exposure to events that occur outside the home such as injury, torture, interrogation, humiliation, detention and/or arrest, beatings by the army, exposure to tear gas and sound bombs, and witnessing the wounding and humiliation of others. These differences are again a reflection of the restricted access of women into the public sphere and the greater control young men have to move outside of the domestic sphere.

**Table 2: Exposure to violent events during the past year (%)**

Exposure to event once or more	Boys	Girls	Total
Saw shooting	86	75	80
Saw explosions/shelling	57	43	50
Saw stranger being humiliated	72	62	67
Saw stranger being arrested	70	54	62
Saw stranger being injured	60	39	49
Saw stranger being killed	32	23	28
Saw friend/neighbor being humiliated	42	29	35
Saw friend/neighbor being arrested	44	30	37
Saw friend/neighbor being injured	30	15	22
Saw friend/neighbor being killed	14	8	11
Saw family member being humiliated	30	28	29
Saw family member being arrested	35	27	31
Saw family member being injured	19	15	17
Exposed to tear gas	72	50	60
Exposed to sound bombs	71	56	63
House searched	40	31	35
House occupied and you/family locked in	16	12	14
House occupied and you/family locked out	10	7	9
House sealed or demolished	2	2	2
House shot at	24	20	22
House bombed or shelled	8	9	8
Shelling in the neighborhood	33	29	31
Beaten by the army	30	2	15
Beaten by settlers	5	0.3	2
Used by army as human shield	10	3	6
Body searched	54	9	30
Shot at or hit	38	13	25
Detained or arrested	29	6	17
Humiliated (cursed, bullied, shoved)	34	13	23
Stripped in public	4	1	2
Interrogated	22	5	13
Tortured	9	1	5
Injured at least once by Occupation violence	34	13	23



Figures 9 and 10 demonstrate that boys reported significantly higher levels of exposure to both individual and collective violent events compared to girls. Over half of the boys surveyed reported being exposed to high levels of 'individual exposure to violence' compared to 23% of girls. This is not a surprising finding considering the social and cultural norms and expectations that influence and shape prescribed gender roles. Gender differences for 'collective exposure to violence' were also apparent, but not as marked as the differences for 'individual exposure to violence' (45% of boys and 30% of girls reported high levels of 'collective exposure to violence'). That is, the gender gradient was still present, but not as pronounced as for 'individual exposure to violence', a reflection of the pervasive nature of violence directed against the collectivity, and not only individuals.

Figure 9: Exposure to individual violent events, by sex (%)

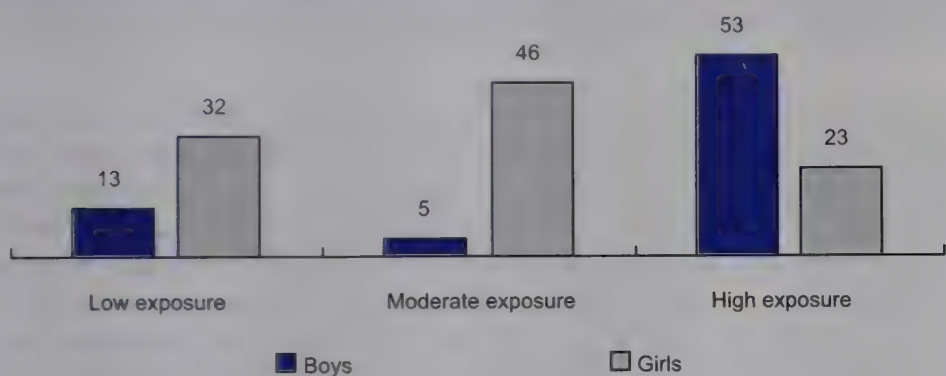
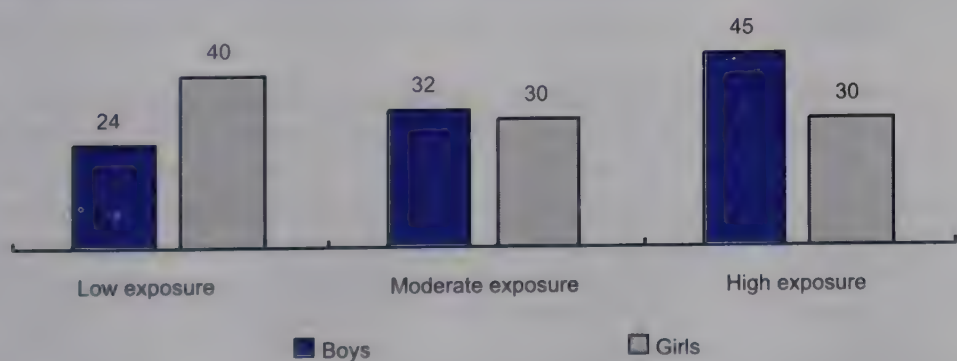


Figure 10: Exposure to collective violent events, by sex (%)



Due to the need for further exploration of these two constructs, and for analytical convenience, exposure to violence will be discussed as a combination of both collective and individual trauma experiences throughout the report. Even after reworking the 34 variables into an 'exposure to violent events' scale (see Appendix), there were still significant differences between boys and girls in the level of exposure to violent events. Twenty-one per cent of boys reported low frequency of exposure to violent events compared to 42% of girls, whereas 43%

of boys reported high frequency of exposure to violent events compared to 22% of girls ( $p<0.00005$ ).

Exposure to violent events was also clearly a function of place of residence (Table 3). Within cities, the refugee camps took the brunt of the attacks: bombing, shelling, home destruction, searches, and other such violent events were prevalent as these camps were specific targets of attacks.

**Table 3: Exposure to violent events by residence (%)**

	City	Town	Village	Camp	Total
Low frequency of exposure	12	32	40	13	32
Moderate frequency of exposure	40	38	36	27	36
High frequency of exposure	48	30	24	60	32

( $p<0.00005$ )

There were, however, also geographic reasons for specific neighborhood targeting: proximity to the Presidential Compounds, where fighting was at its fiercest, as well as proximity to roads linking the cities to the south and north of the West Bank where middle class neighborhoods such as Masyoun and Tireh are located. However, the first-hand experiences of the Palestinian members of this research team who survived the 2002 events indicate that the brunt and severity of attacks on neighborhoods as well as home searches, arrests, detentions, use of people as human shields, injuries, destruction of property and infrastructure varied according to perceptions of social class by Israeli soldiers. Social status is evidenced by the presence or absence of gardens, nicely kept homes, amenities within the home and the ability of home-owners to speak foreign languages.

High exposure to violent events (without controlling for residence) was shared by both high and low levels of STL for some groups. However, after controlling for residence, the relationship between STL and exposure to violent events disappeared for camp residents, as within camps attacks were widespread and spared no one. Similarly, the relationship between STL and violent events disappeared for towns, but remained reasonably strong for those living in cities ( $p<0.035$ ), where 58% of those exposed to high trauma belonged to the low STL group, and 45% to the high STL group.

Similar findings were noted when exposure to violent events was examined in relation to self-rated family affluence. Initially, without controlling for residence, it appeared that the highest frequency of exposure to violent events was associated with the lowest levels of affluence, with 30% of the well-off students reporting high exposure to violent events compared to 45% of those not well-off. However, controlling for residence again, it was noted that two factors are operational: self-rated family affluence, and the neighborhood factors.



independently of the self-rated family affluence. Here, the relationship between self-rated affluence and exposure to violent events disappears for camps, and becomes of borderline significance for cities ( $p=0.044$ ), with an inverse relationship between exposure to violent events and self-rated family affluence. Among those who reported high family affluence in cities, 44% reported high frequency of exposure to violent events compared to 64% among those who reported low family affluence. In other words, two factors seem to influence exposure to violent events: a collective one which depends on where the students live in relation to where the army onslaughts were focused, irrespective of individual/family factors (city and within this, the camp, compared to towns and villages); and the other factor is related to family status which pertains to the neighborhood the students live in that sets them apart, based on STL.

Exposure to violent events is bound to influence the consciousness and perceptions of young people, including the legitimacy of various strategies to deal with this type of mass scale aggression against civilians. At the same time, chronic exposure to violence has a significant impact on how youth perceive themselves, their lives, and their future aspirations. Through a qualitative line of inquiry, further information on the effects of exposure to violence was gained. There is little doubt that Palestinian youth perceive violence to be an inextricable part of their lives. One 11<sup>th</sup> grade student voiced the position of many his age, that *"living in violence has become routine"* or that they have become helpless: *"You can do nothing to change your life; violence and pressure are all around us... Our life is full of violence."* A female student clearly speaks for the Palestinian youth population when she declares *"Israeli occupation is the highest form of violence."*

A group of 11<sup>th</sup> grade girls in a city school were asked to describe what represented violence to them. Their responses included the following:

*"Checkpoints, closures and having to take long roads on mountains to reach places."*

*"Having to pay more money for short distances when this money could be used for other needs ... for example paying NIS10 [equivalent to about US\$2] can be used for other things needed at home."*

*"Seeing people get shot...my father had a gun pointed at his head when soldiers entered our house three months ago, forcing us to leave the building... He is sick, unable to walk but they did not believe him until they saw his crutches... I was so fearful for him especially when two soldiers stood beside him pointing their guns on him."*



The experiences of young people went beyond instances of being injured by soldiers or witnessing the killing of close relatives, as their narratives demonstrate:

*"I was tied with my legs to the jeep and dragged around the playground five times until my feet and knees were swollen, because I had no ID."*

*"I was arrested even though I was not involved in stone throwing... They took me to different settlements for interrogations and then to [name of prison] where they beat me... my eyes were totally swollen."*

*"I was arrested and tortured and later released on a hill near my school."*

A girl from 11<sup>th</sup> grade recounts her own painful experience:

*"My cousin's husband... was killed in front of my eyes. I could not sleep for a whole week... Whenever I closed my eyes, I would see his blood pouring out... He was driving between [name of camp] and [name of place] going to his wife's parents, he was shot and the car rolled down the mountain."*

In general, the responses of students in urban and rural schools were not found to differ vastly. Perhaps a major difference lies between different narratives of the 2002 invasion, when students from the city were subjected to more extreme forms of military violence and assault, compared with students living in towns and villages. For some 11<sup>th</sup> grade boys, certain incidents from the 2002 invasion appear to have been seared into their memories. This boy recollects the hopelessness he felt then:

*"We used to hear all the time that the Israeli soldiers were here to destroy the PA and reoccupy us for additional years... this was worrying us mostly... how can anybody think about hope?"*

The homes of four boys were occupied, some for hours and others for days. This boy remembers:

*"Whole families [were] put into one room and locked up with a key... as many as 25 individuals were locked up in one room. The soldiers gave us some food from time to time such as eggs and bread in addition to some medical stuff (such as band aid)... The interior of the homes were turned upside down and destroyed... Their machine guns were fixed at surrounding areas from the windows."*

This 10<sup>th</sup> grade girl recounts her experience of violence:

*"I had a gun pointed at my head... Israeli soldiers entered our home during the 2002 invasion trying to force us to leave the house and asked for our IDs... they did not believe that I was under 16 years of age, which meant I*



*didn't have an ID yet... they didn't believe this because I looked older... Two soldiers held me under gunpoint for two hours in the cold weather outside... I was frightened; my mother was frightened for me too."*

One boy from the city recalls being used as a human shield together with all the male members of his family:

*"For two hours, we were held captive by the army waiting to be exchanged for some wanted Palestinian youth taking refuge at the Palestinian Preventive Security Forces headquarters... One of my classmates was beaten when Israeli soldiers occupied his house during the invasion while another boy's father was arrested but later released because the Israeli army claimed that weapons were being hidden in their house."*

Another boy from a refugee camp narrates his experience:

*"House searches and arrests have not changed after the Intifada... In the camp Israelis are always there occupying us... Even before the Intifada... they used to come search our house because my uncle was wanted and they thought we had hidden him... They used to come all the time and sometimes take my father with them to open the mosque for them, thinking my uncle might be hiding in it."*

After the invasion of 2002, the soldiers continued to invade the villages creating a climate of constant fear:

*"When they [soldiers] come, they don't just come to arrest people and leave but they come with dogs, turn our house upside down and throw our clothes outside." (Grade 11 girl)*

Another girl tells a similar story of Israeli soldiers harassing and humiliating residents in the village:

*"Every day and night they are walk[ing] around the houses... They always release wild pigs near the village and homes because they know we hate pigs as Muslims... They also have dogs along with them."*

The qualitative research was particularly useful in illuminating two aspects of the data. The first is related to what represents experiences of violence. In analyzing the results of the focus groups, it seems that young people tend to narrate their experiences in terms of confrontation with soldiers and their consequent actions and not in terms of exposure and specific forms of violence. In the minds of Palestinian youth, the image of soldiers is representative of violence, in which these soldiers are the perpetrators, and thus soldiers and violence are seen as one and the same.

Confrontation with soldiers is a persistent theme in the narratives of both boys and girls regardless of locale. As this girl puts it: *"They are always there."* There is a general consensus that soldiers are *"always in our faces"* or that *"Israeli soldiers come in all the time whenever they want. It is part of life now."* The fear of soldiers is so intense that a 10<sup>th</sup> grade boy laments that it is *"easier to die than live... there is no purpose in living"*; this is a sad reality for such a young generation.

For one 11<sup>th</sup> grade girl in a village school, her daily life has become dominated by the actions of Israeli soldiers:

*"After the Intifada, Israelis fixed a military station in my uncle's house, which was still being built next to our house... We live near the village entrance so they are permanently there to control peoples' movements in and out of the village... The soldiers throw bombs and shoot at us, controlling our movement in and out of the house especially in the evening... Now we are not allowed to sit outside of our house because they would shoot at us and order us to go into the house."*

Another 11<sup>th</sup> grade girl had this persistent nightmare:

*"I always have this dream, that soldiers would come and beat me on the nose... they came into our house once and turned everything upside down and stole my gold necklace... I went to the bathroom to check on my necklace after they had gone, and suddenly the mirror fell on my nose... Since that time, I always have this dream, that the soldiers would come back and beat me on the nose."*

Similarly to the quantitative data, the qualitative findings underline a second aspect that is critical to understanding young people's exposure to trauma: in that their safety is consistently threatened by the violence that is imposed upon them by soldiers on their doorstep, whether in their homes or schools, in villages or in cities. However, the vulnerability of Palestinian youth is considerably heightened when they are exposed to violence inflicted upon them at checkpoints, which some have to cross to get to school, home, health care centres, and work. Young men in particular speak of checkpoints as the places where they are exposed to the greatest danger and source of humiliation.

Boys tend to be the direct targets of violence, experiencing first hand beatings and shootings, with boys reporting greater incidences of harassment, physical abuses, strip searches and arrests than girls. An 11<sup>th</sup> grade boy from a village describes the intimidation:

*"I come from Atara which means every day I have to pass through the Israeli checkpoint near the bridge... I have been searched, forced to take off my shirt and trousers... even the girls who cross are forced to leave the*



*bus and be searched... I prefer to wait until the Israelis stop searching or go away in order to pass... Many times I reach school late...during the second or third period... I also get back home from school late in the afternoon."*

In general, girls are more likely to experience violence indirectly and to suffer from a different form of humiliation when crossing checkpoints. They are usually subjected to verbal abuses, vulgar and obscene gestures made by Israeli soldiers with their hands and eyes, left to stand for hours at checkpoints and are sometimes forced to empty their bags in front of everyone and reveal what are perceived as personal and very private items; this is seen as a humiliating act.

Overall, the results indicate that the level of exposure to violence was very high for both boys and girls. However, the results also indicate that boys were significantly more exposed to violence than girls, especially to violent events that occur outside the home such as injury, torture, interrogation, humiliation, detention and/or arrest. These differences are a reflection of the restricted access of women into the public sphere and the greater freedom of young men to move outside the domestic sphere.

The qualitative research findings indicate that the majority of boys and girls have conceptualized a relative scale of violence to assess their own vulnerability. Despite experiences of violence, adolescents from urban areas tend to minimize the level of violence they encounter by comparing their experiences to others who are worse off than they are.

For some young people:

*"There is no violence in Ramallah, the violence is more to the north of the West Bank, or in Nablus and Jenin, or in the Gaza Strip."*

Similarly, in making the comparison between the extent of violence in villages and towns, rural youth observe that:

*"What is happening to us [with the building of the wall around the village] is highly insignificant compared to what is happening in Ramallah, Gaza and Nablus."*

This concept of relativism appears to ameliorate youth's perception of their circumstances and may well assist these youth in coping with trying times.

The results also indicate that exposure to violence is significantly associated with locale, reinforcing the importance of the concept of neighborhood outcomes, and not only individual ones. Thus, a collective element is introduced into the analysis that goes beyond the effects of individually focused statistical analysis in isolation of context. This is especially relevant to the prevailing circumstances in this country, as cities were the targets of attacks to a higher extent than towns and

villages. Nonetheless, exposure to violence was widely distributed, sparing no one in the process. Wealthy and poor neighborhoods alike were negatively affected, although to varying degrees.

### **Subjective health complaints/symptoms of psychological distress**

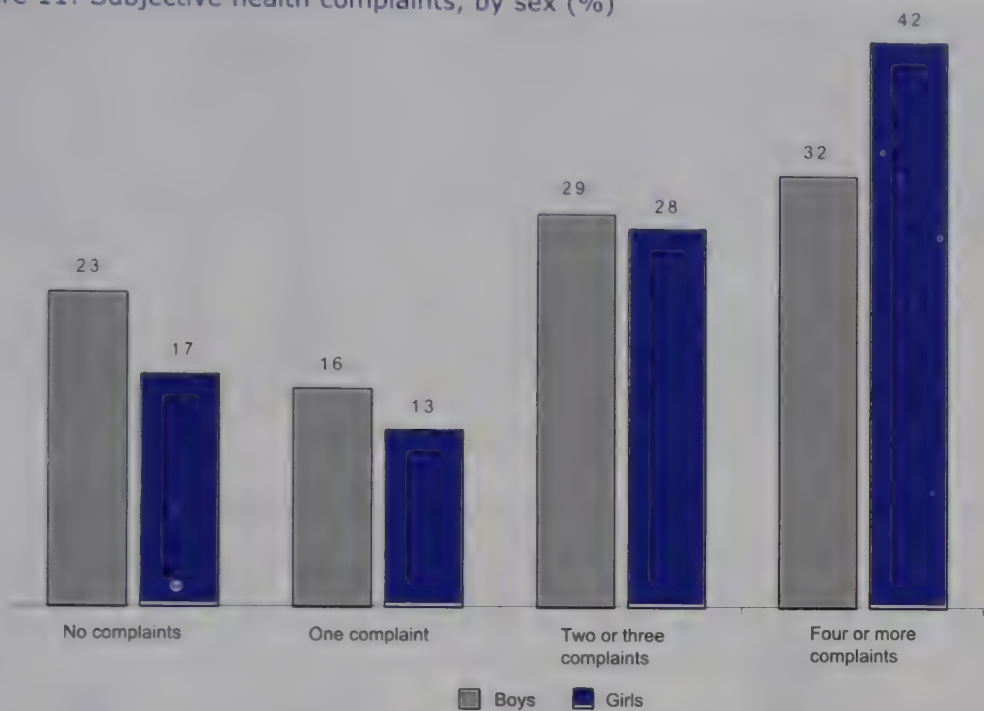
Although responses to traumatic events may be universal, there is no agreement as to how to assess, define and classify these responses. Post Traumatic Stress Disorder (PTSD) has been traditionally used as a measuring stick for assessing the impact of war and violence on the emotional, psychological and behavioral well being of people exposed to traumatic situations, particularly to war, violence and conflict. The reliance on responses to psychiatric-type questions in the assessing of trauma has been increasingly criticized, especially when applied to a non-Western setting. Instead, an emphasis on the need to understand the role of cultures in conceptualizing, experiencing and expressing distress has been noted (Parker, 1996). This is especially important given that evidence demonstrates that cross-cultural differences exist in the manner by which emotional and behavioral disorders are expressed (Rahman, Mubbashar, Harrington and Gater, 2000).

As with the Health Behaviour of School Children Survey, students were asked to respond to eight items that have been identified by an international group of researchers as representative of psychosomatic health among adolescents at a symptomatic level. The eight-item checklist of complaints that was used contained four items measuring psychological indicators of emotional health (feeling depressed or low, irritability or bad mood, feeling nervous, feeling dizzy) and four items measuring somatic factors (headache, stomach ache, backache, difficulties getting to sleep). These measures were categorized into four groups in ascending order: a) having no complaints; b) having one complaint; c) having two to three complaints; and d) having four to eight complaints (four or more complaints more than once weekly).

In the study, 20% of the students (boys and girls combined) reported no health complaints, 14% reported one complaint, 29% reported two to three complaints, and 37% reported four or more complaints. It is interesting to note that although significantly more male students reported higher levels of exposure to violent events by virtue of their greater freedom of movement on the one hand, and the targeting of young males by the Israeli army on the other, girls reported significantly higher levels of subjective health complaints. Twenty-three per cent of boys reported no complaints compared to 17% of girls, and 32% of boys reported four or more complaints compared to a high of 42% of girls (Figure 11). A combination of factors may contribute to the higher rates of physical distress among girls such as gendered socialization, and the restriction of roles prohibiting their freedom of movement and participation outside the home leading to feelings of imprisonment, helplessness and lack of agency.



Figure 11: Subjective health complaints, by sex (%)



In addition, students were asked whether they had experienced a range of other emotional/psychological and attitudinal problems (see Table 4 for the individual variables), since the beginning of the Intifada, and these were labeled as extreme symptoms. Responses to these variables were dichotomous (Yes or No). These responses were then aggregated into two scales (see Appendix). The first scale was broken down into tertiles representing the three levels of extreme symptoms: few, moderate, and high proportion of extreme symptoms (Figures 14, 18, 19, 29 and Table 6). The second scale (using the same variables) was based on a count of symptoms (Figures 34 and 36) and was categorized into four groups in ascending order: a) no complaints; b) one complaint; c) two to three complaints; and d) four to eight since the beginning of the Intifada.

Tables 4 and 5 demonstrate that, once again, girls experience more extreme symptoms than boys do. However, when changes in behavior were examined,

Table 4: Breakdown of the extreme symptoms scale variables, by sex (% yes)

	Boys	Girls
Weight or appetite loss	42	52
Uncontrollable fear	28	44
Inability to concentrate on normal daily tasks	34	40
Inability to concentrate on studies	61	68
Difficulty sleeping	42	55
Having nightmares	28	44
Crying episodes	21	64

Table 5: Extreme symptoms, by sex (%)

Level of symptoms	Boys	Girls	Total
Low	34	19	27
Moderate	46	41	43
High	20	40	30
p<0.00005			

the opposite but expected pattern was found. Students were asked if they had experienced an increase in aggressive behavior and the use of abusive language since the invasion of 2002 and until the time of the survey (exactly one year later). Thus, while girls tend to report experiences of physical distress, boys are more likely to report behavioral changes instead (Figure 12).

These results may be explained as follows: a) gender differences stemming from the interplay of biology and socialization; b) greater freedom accorded to boys to express their anger and violent behavior; and c) the social roles dictated by society and peer pressure. They are consistent with what has been previously observed. These findings suggest that the needs of girls deserve just as much attention as those of boys. Critically, interventions addressing the problems of

Figure 12: Behavioural manifestations, by sex (%)

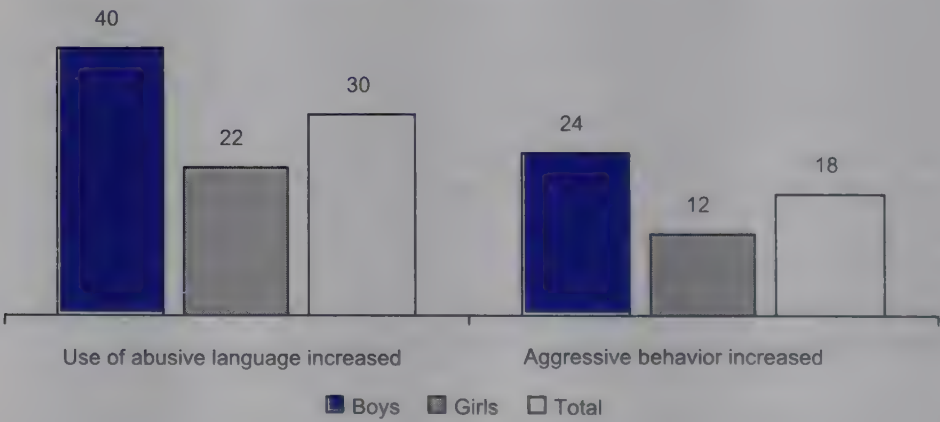


Figure 13: Subjective health complaints by residence, both sexes (%)

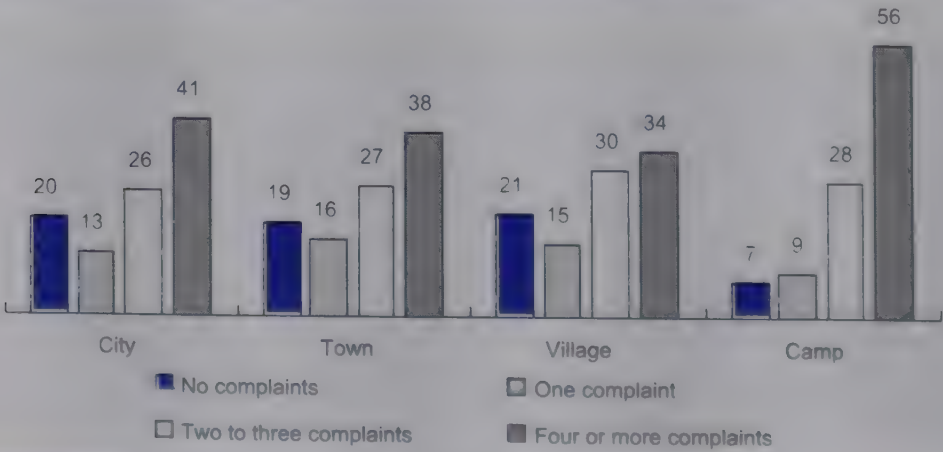




Figure 14: Extreme symptoms by residence, both sexes (%)

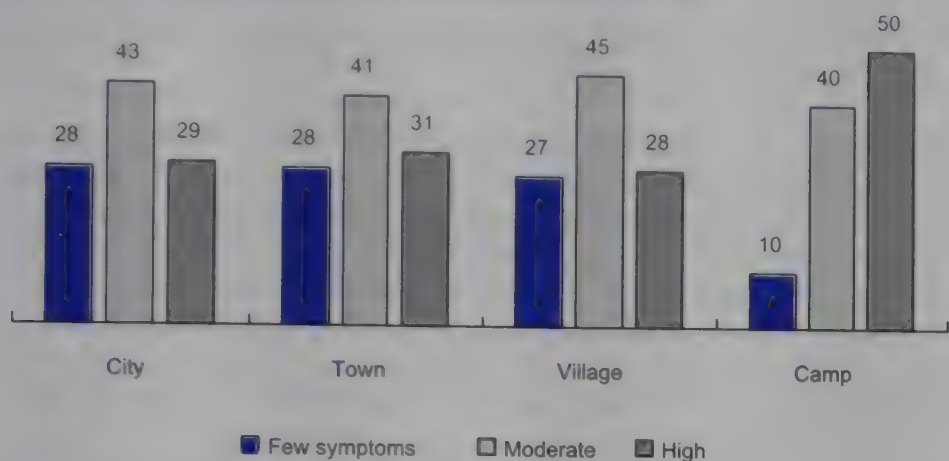
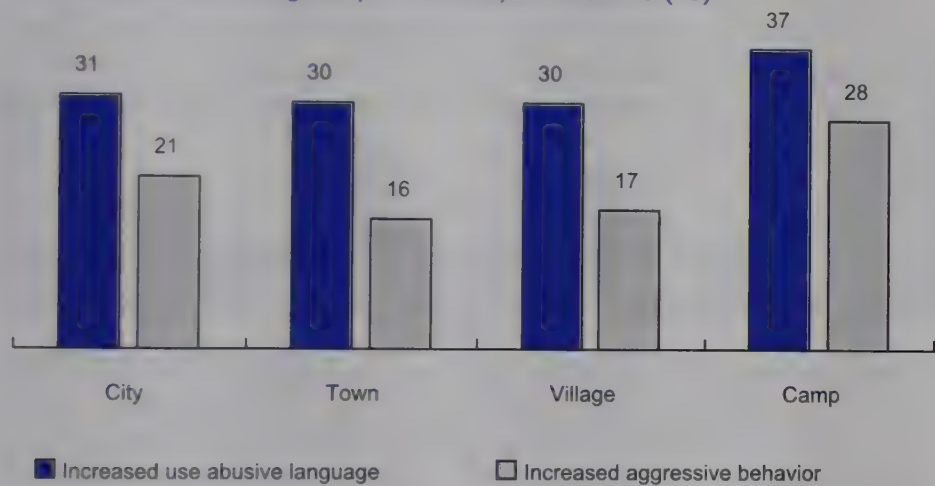


Figure 15: Behavioural changes by residence, both sexes (%)



Palestinian youth should take into serious consideration gender differences in psycho-social expressions, gender roles and contexts, all of which contribute to the rise in symptoms. In addition, these results call for a further exploration of the social and contextual determinants of the above findings, at the level of the school, the home, and the community.

Cross-tabulating subjective health complaints, extreme symptoms, and behavioural changes with residence revealed important findings that corroborate the discussions above regarding the interplay of locale and the variables explored in the survey. Figures 13 to 15 reveal that, consistently, camp dwellers report the highest levels of subjective health complaints, extreme symptoms, and behavioural changes. Fifty-six per cent of camp dwellers reported high levels of subjective health complaints compared to 41% of city dwellers; 50% of camp dwellers reported high extreme symptoms compared to 29% of city dwellers; 37% of camp dwellers reported an increase in abusive language compared to 31% of city dwellers; and 28% of camp dwellers reported increased aggressive behavior compared to 21% of city dwellers. The results remained the same even when

controlling for students' STL, thus confirming the role that neighborhood effects play, and going beyond individual variations in contexts as well as beyond invasions and occupation violence.

The data can only make sense if misery within the camp is considered to be multi-leveled, encompassing both the personal and the collective, with the collective often being the determinant. It is important to remember that the thrust of the invasions were centered in the city, and that the camp bore the brunt of the attacks. On the other hand, camp dwelling in itself brings with it all sorts of other contextual stressors that go beyond living standard and wealth, and even beyond the recent increase in military violence. Trauma in the camp is not merely due to current war-like conditions, poverty and over-crowding, but to the long-standing effects of war. Thus, the stressors include, in particular, the effects of dispossession and displacement inherited from over 50 years of Palestinian history. Since these students lived in camps all their lives, they have survived a level of deprivation that surpasses financial deprivation, and is more profound, with abuses ranging from denial of the right to have a decent life to the right to have their violations acknowledged and resolved, or even the right to build a sense of hope for the future.

**Subjective health complaints/extreme symptoms/behavioural changes by exposure to violent events**

There is a strong association between exposure to violence and subjective health complaints and symptoms of psychological distress, with exposure to violence seen here as being a determinant of subjective health complaints and extreme symptoms (Table 6).

**Table 6: Subjective health complaints, extreme symptoms, and behavioural changes by exposure to violence, both sexes (%)**

Complaints/symptoms/ behavioural changes	Exposure to violent events		
	Low	Moderate	High
<b>Subjective health complaints</b>			
No complaints	29	20	10
One complaint	18	15	10
Two to three complaints	29	31	25
Four or more complaints	24	34	55
<b>Extreme symptoms</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>
Few	36	27	16
Moderate	44	44	42
High	20	29	42
<b>Behavioral changes</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>
Increased use of abusive language	20	31	41
Increased aggressive behavior	8	17	29
p<0.00005			



Table 6 demonstrates a clear and consistent association between exposure to violent events and symptoms, for boys and girls combined, whether they are subjective health complaints, extreme symptoms or behavioural changes. Notice that 55% of students who were exposed to high levels of violence also reported four or more health complaints that they experienced more than once weekly, compared to 24% of those with low exposure to trauma. Similarly, 42% of students exposed to high levels of trauma also suffer from extreme symptoms compared to 20% of those with low exposure to trauma. Behavior is also affected, with violence as a determinant. Forty-one per cent of those exposed to high levels of violent events during the year preceding the survey also reported that they have since then, and during the past year, increased their use of abusive language, compared to 20% among those with low exposure to trauma,

Figure 16: Subjective health complaints by exposure to violent events, boys (%)

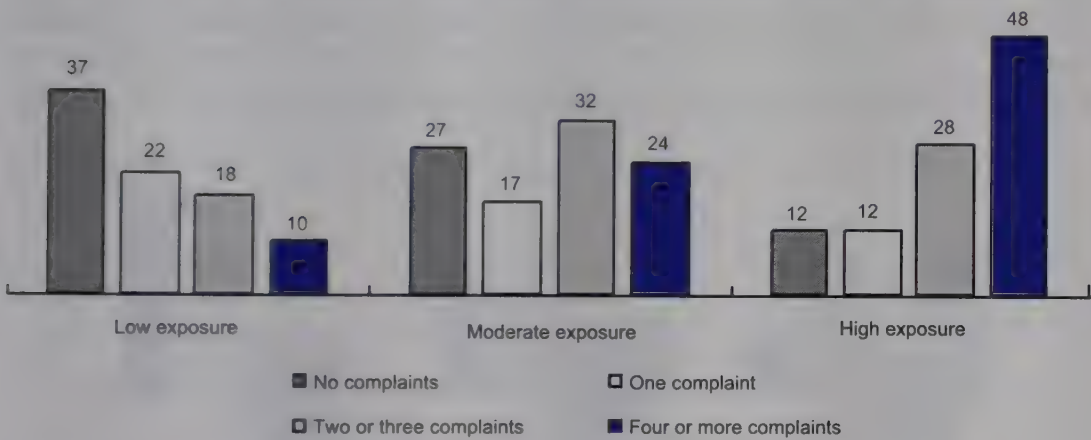
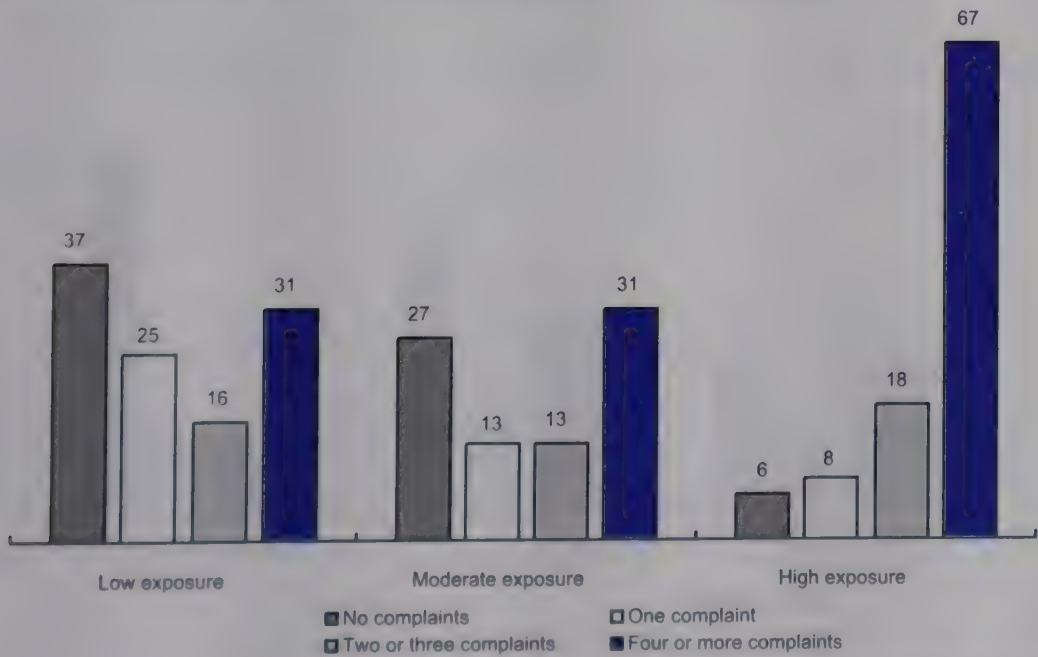


Figure 17: Subjective health complaints by exposure to violent events, girls (%)



and 29% reported increased aggressive behavior, compared to 8% among those with low exposure to trauma.

Figures 16 and 17 reveal a clear and strong relationship between the levels of exposure to violent events and the number of subjective health complaints, reported separately by boys and girls, once a week or more, especially at the ends of the scale. Ten per cent of boys and 31% of girls in the low exposure to violence category reported four or more subjective health complaints a week, whereas 48% of boys and 67% of girls reported four or more subjective health complaints in the high exposure to violence category.

The pattern was similar for reports of extreme symptoms (Figures 18 and 19). Fourteen per cent of boys and 32% of girls in the low exposure to violence category reported four or more extreme symptoms whereas 46% of boys and 77% of girls reported four or more extreme symptoms in the high exposure to violence category. Generally, girls reported more subjective health complaints

Figure 18: Extreme symptoms by exposure to violent events, boys (%)

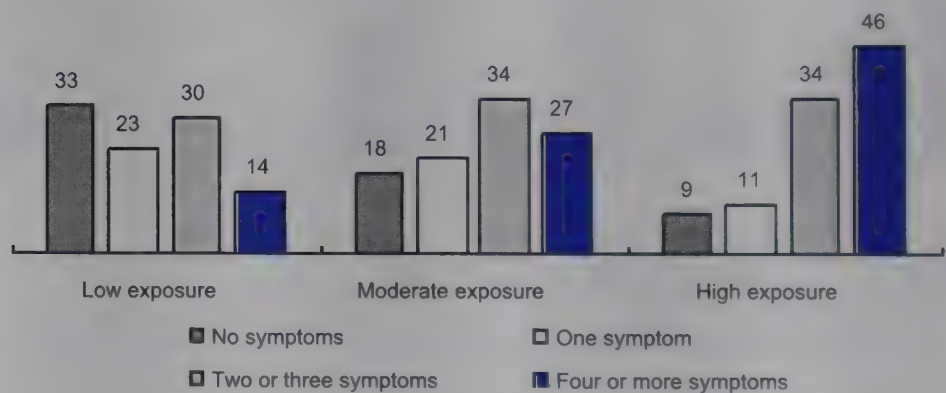
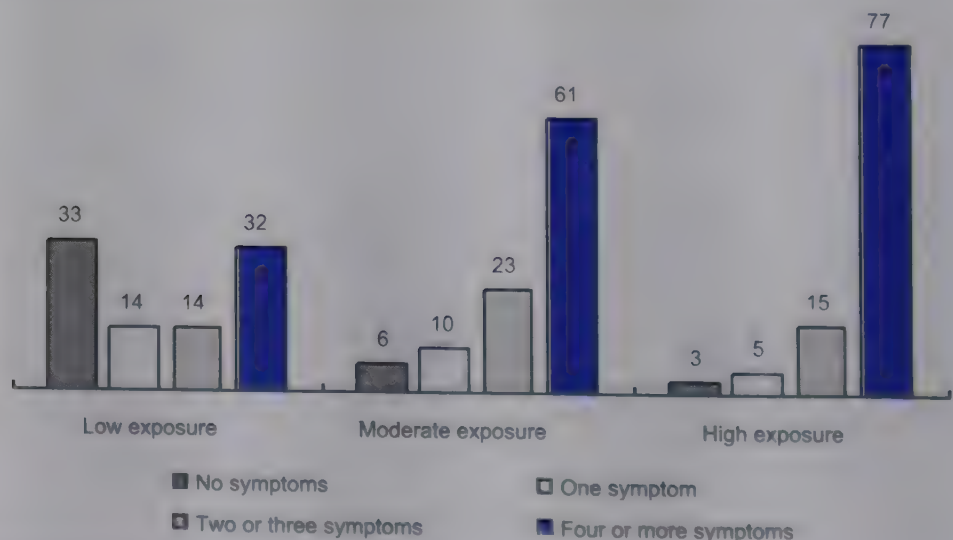


Figure 19: Extreme symptoms by exposure to violent events, girls (%)





and extreme symptoms than did boys at both low and high exposure to violence levels.

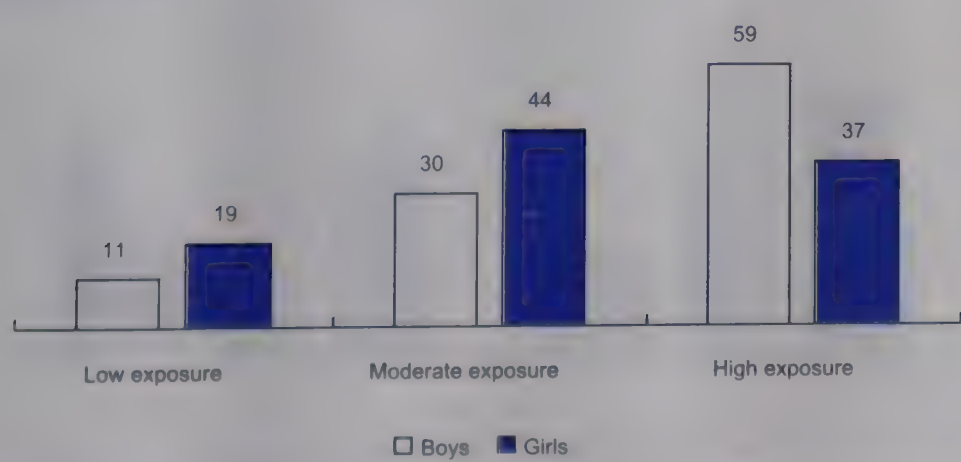
Exposure to violence was also associated with a reported increase in the use of abusive language and aggressive behavior (Figures 20 and 21), again affecting boys to a higher extent than girls: 13% of boys who reported a low level of exposure to violence also reported increasing their use of abusive language, compared to 51% among those who reported high exposure to violence levels. Interestingly, the pattern seems to reverse for girls, with 34% of those reporting low exposure to violence also reporting an increase in the use of abusive language during the year preceding the survey, compared to 29% for those who reported a high level of exposure to violence.

Figure 21 also reveals a rising level of aggressive behavior with increased exposure to violent events, more so among boys than girls but nevertheless significant for both: 11% of boys reporting a low exposure to violent events also reported an increase in aggressive behavior, compared to 59% among those who reported a high level of exposure to violent events; 19% of girls who reported a low exposure to violence also reported an increase in aggressive behavior, compared to 37% for those who reported a high level of exposure to violence.

Figure 20: Increase in use of abusive language by exposure to violent events, by sex (% yes)



Figure 21: Increase in aggressive behavior by exposure to violent events, by sex (% yes)



low level of exposure to violent events also reported an increase in aggressive behavior, compared to 37% among those who reported a high level of exposure to violent events. In other words, although it appears that aggressive behavior may well be a consequence of exposure to violence, it is manifested more strongly among boys compared to girls, once again, an indication of social roles and behavioural codes that limit or allow free expression of aggressive behavior among these students.

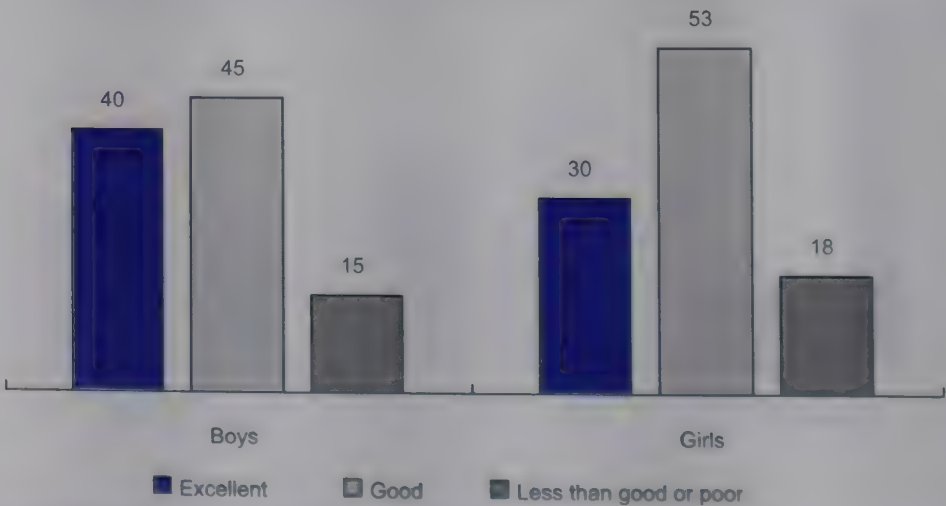
The results remained the same for all symptoms listed above even when controlling for STL and residence. Controlling for sex, the results remained the same with a strong association between exposure to violence, subjective health complaints, extreme symptoms, and behavioural changes.

Self-rated health and life satisfaction

Two global questions were also used to ask students how they viewed their lives and their health. The first item assessed life satisfaction and asked students to rate their life on an 11-point ladder scale, with 10 representing the best possible life and 0 the worst possible life. This life satisfaction ladder has been shown to be a valid instrument in judging life satisfaction in adults (Cantril, 1965), and has been validated as a measure of adolescent life satisfaction through the HBSC surveys both in Canada and in some European countries. Students were also asked to rate their health on a four-point scale with poor health being the lowest rating and excellent health being the highest.

It was interesting to note the gender difference in self-rated health reports, with significantly more girls reporting worse health than boys (Figure 22). Forty per cent of boys reported excellent health compared to 30% of girls; 15% of boys reported fair to poor health compared to 18% for girls. These differences are consistent with higher levels of complaints and symptoms among girls, and

Figure 22: Self-rated health, by sex (%)





support the view that self-rated health reports are valuable in assessing health status.

Likewise, Table 7 reveals that STL is also an important determinant of students' self-rated health. The relationship remained consistent and strong even when controlling for residence. Amenities available at home such as optimum heating, access to the internet, and having a mobile phone can affect how students rate their health, especially in times of prolonged curfews and states of siege. During these times, one's home literally becomes one's world, as can be testified by the experiences of the Palestinian team of researchers who also experienced these events.

**Table 7: Self-rated health by standard of living (STL), both sexes (%)**

Self-rated health	Low STL	Moderate STL	High STL
Excellent	25	36	44
Good	51	48	47
Less than good or poor	24	16	9
p<0.00005			

Self-rated health was also associated with the degree of exposure to violent events, subjective health complaints, extreme symptoms and behavioural changes. Figure 23 demonstrates the association between self-rated health and exposure to violent events, with increasing exposure linked to increased reports of fair to poor health. Note that 38% of those with low exposure to violent events reported excellent health compared to 31% of those who reported high exposure to violent events; and 12% of those with low exposure to violent events reported fair to poor health, compared to 23% of those with high exposure to violent events. As such, the association between these young people's perceptions of health and exposure to violence is clear, where exposure to violence constitutes one aspect that determines their views on health, but is not mutually exclusive of the other factors.

**Figure 23: Self-rated health by exposure to violent events, both sexes (%)**

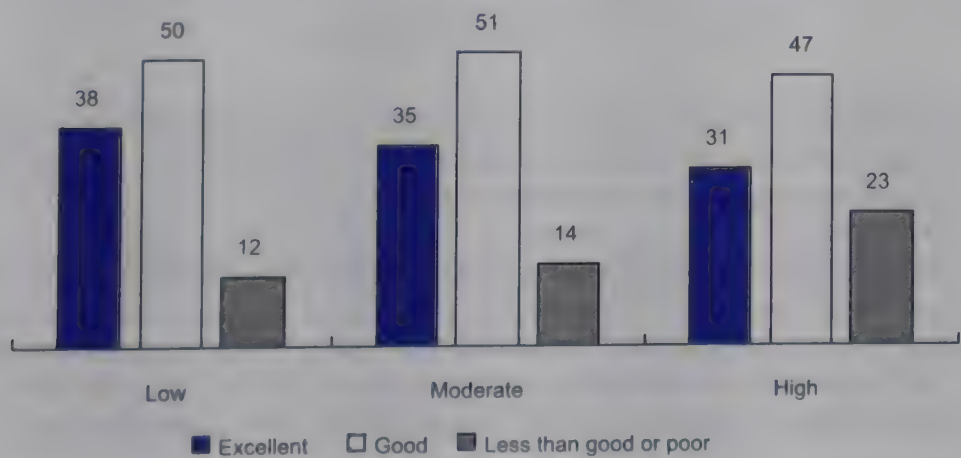
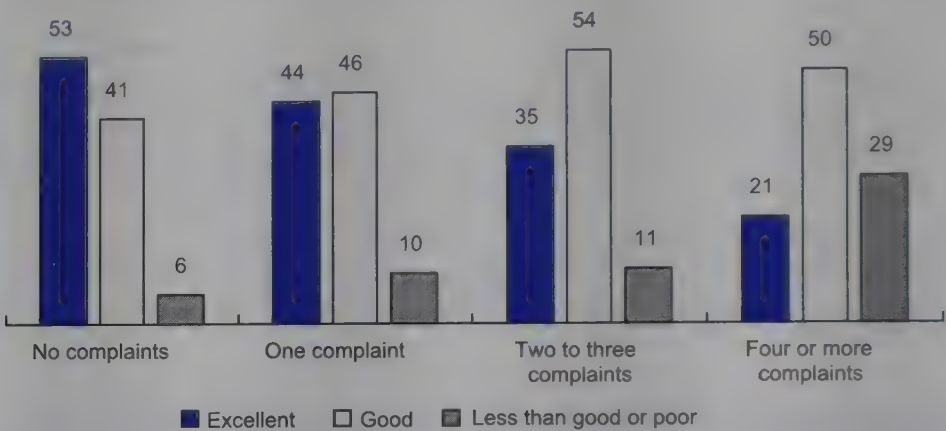
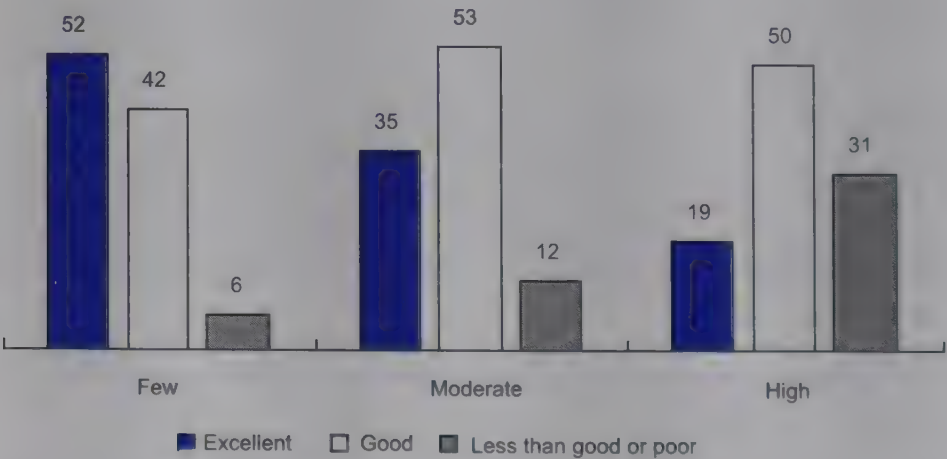


Figure 24: Self-rated health by subjective health complaints, both sexes (%)



There were similar and consistent results relating self-rated health and subjective health complaints, symptoms and behavioural changes. Figure 24 demonstrates that over half (53%) of those with no subjective health complaints report excellent health compared to 21% of those reporting four or more complaints. Also, 29% of those who reported four or more subjective health complaints reported less-than-good to poor health, compared to 6% among those who had no complaints.

Figure 25: Self-rated health by extreme symptoms, both sexes (%)



Likewise, extreme symptoms fall in line with this analysis (Figure 25), with 52% reporting excellent health among the low extreme symptoms group, compared to 19% of those who reported high levels of extreme symptoms.

When the data was de-aggregated by sex, the inverse relationship between subjective health complaints experienced and rating of one's health remained (the higher the subjective health complaints, the less students reported that their health was excellent). For example, 56% of boys with no subjective health complaints reported excellent health compared to 25% with four or more



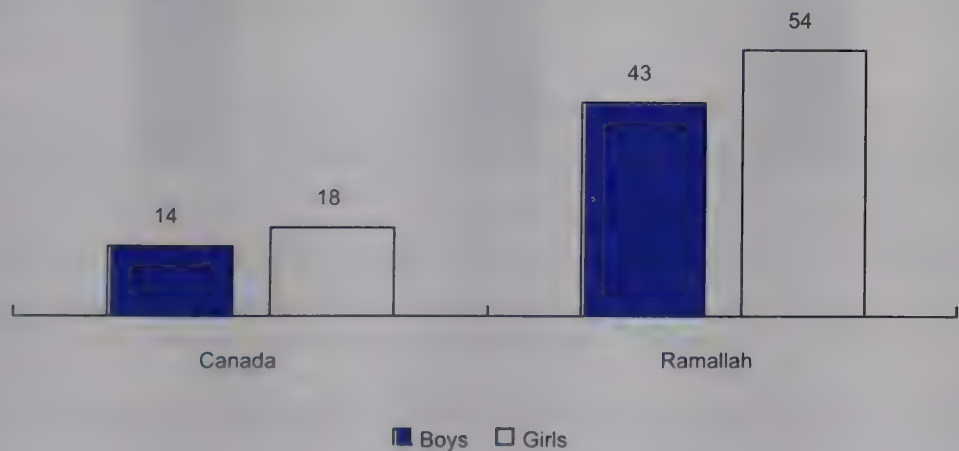
subjective health complaints. Similarly, 51% of girls with no subjective health complaints reported excellent health compared to only 18 % of those with four or more subjective health complaints.

Behavioural changes also demonstrate the point, with 24% of those who reported excellent health reporting an increase in their use of abusive language compared to 42% of those who reported fair to poor health. Only 13% of those with excellent health reported an increase in the use of abusive language compared to 29% of those who reported fair to poor health. The pattern was the same for increase in aggressive behavior for both boys and girls ( $p<0.00005$ ).

A very low proportion of students – only six per cent – rated their life satisfaction as 10, the highest possible rating, with 49% of students reporting poor life satisfaction (0-5 on the scale), 26% reporting average life satisfaction (6-7), and 19% reporting reasonably good life satisfaction (8-9).

The proportion of 10<sup>th</sup> grade Palestinian students who reported low satisfaction with their lives was much higher than that of their Canadian counterparts (Figure 26). Such dissatisfaction is inevitably linked to ongoing conflict and life in the midst of violence, and can interfere with adolescents' daily functioning and exacerbate their already compromised quality of life.

Figure 26: Grade 10 students in Canada and the Ramallah District who reported low life satisfaction (%)



Life satisfaction responses varied significantly by sex: 43% of boys reported poor life satisfaction compared to 54% of girls ( $p<0.00005$ ). These results are expected in view of girls' general confinement within a 'prison' (restricted to home within town, village or camp), and are consistent with their reports of higher levels of subjective health complaints and extreme symptoms, compared to boys.

Table 8 reveals that youth in camps were least satisfied with their lives compared to their counterparts in other locales: 67% of camp dwellers reported poor life satisfaction compared to 50% of village dwellers, 45% of town dwellers, and 44%

**Table 8: Life satisfaction by residence, both sexes (%)**

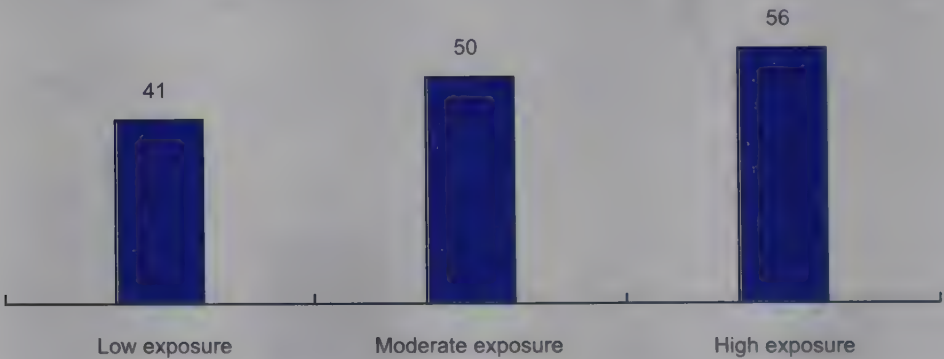
Life satisfaction	City	Town	Village	Camp
Poor	44	45	50	67
Average	27	26	27	19
Reasonably good	24	20	18	10
Excellent	5	9	5	4

p<0.00005

of city dwellers. Moreover, differences at the high level of the scale were also true, with 24% of city dwellers, 20% of town dwellers, and 18% of village dwellers reporting reasonably good life satisfaction compared to a significantly lower proportion – 10% – for camp dwellers.

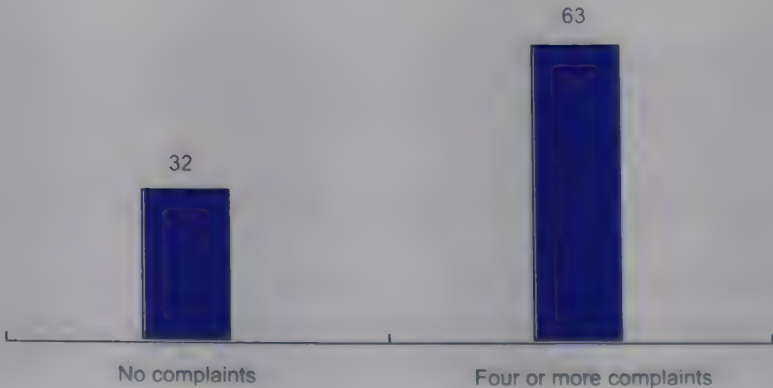
Life satisfaction was, as would be expected, associated with exposure to violent events (Figure 27): 41% of those with low exposure to violent events report poor life satisfaction, compared to 50% of those with moderate exposure to violent events and 56% of those with high exposure to violent events (p<0.00005).

**Figure 27: Low life satisfaction by exposure to violent events, both sexes (%)**



Life satisfaction was likewise associated with subjective health complaints (Figure 28), with 32% of those with no complaints reporting poor life satisfaction, compared to 63% of those who reported four or more complaints (p<0.00005).

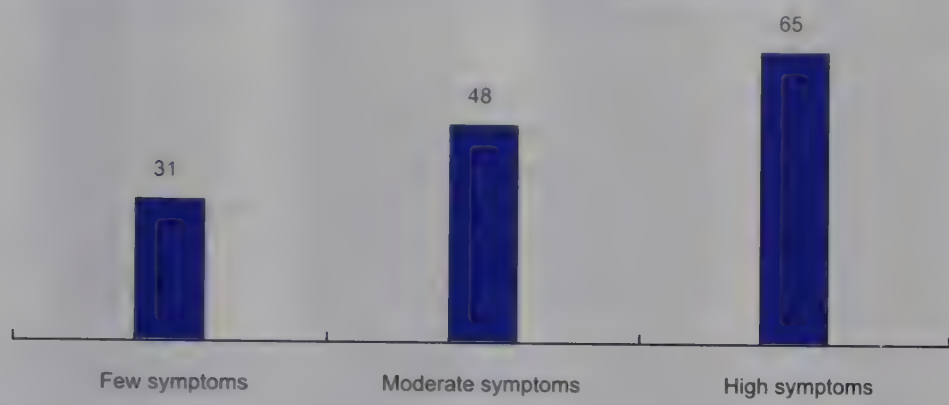
**Figure 28: Low life satisfaction by subjective health complaints, both sexes (%)**





Extreme symptoms (Figure 29) yielded similar results, with 31% of those with few symptoms reporting poor life satisfaction, compared to 48% among those with moderate number of symptoms and a high of 65% among those reporting high number of symptoms ( $p<0.00005$ ).

Figure 29: Low life satisfaction by extreme symptoms, both sexes (%)



Likewise, behavioural changes demonstrated a similar relationship with 'life satisfaction', with 56% of those who reported an increase in the use of abusive language also reporting poor life satisfaction, compared to 46% of those who reported no increase in the use of abusive language ( $p<0.00005$ ); and with 58% of those who reported increased aggressive behavior reporting poor life satisfaction, compared to 47% of those who reported no increase in aggressive behavior ( $p<0.00005$ ).

Overall, the analyses of life satisfaction reports reveal that camp-dwelling youth are the least satisfied with their lives, followed by village dwellers, and with no appreciable differences between city and town dwellers. This raises the need to pay special attention to camp and village youth in the future, especially in terms of increasing the understanding of what contributes to this dissatisfaction, and how it can be ameliorated.

Gender relations, roles, responsibilities, and access or restrictions to a world outside the home seem to be a clear determinant of satisfaction with one's life. The relative freedom afforded to boys, compared to girls, can have significant impact on girls' lives, and consequently shape and determine their views of health and life. These results, once again, emphasize the need to pay special attention to girls in future interventions, and to work towards strategies that address the specific needs of each of the sexes.

Self-rated health and life satisfaction are also linked to family STL insofar as comfort, amenities and access to the outside world through phones, the computer and internet all help the students to cope in stressful times. This is particularly the case in local conditions when the world outside is dangerous and unpredictable. Yet, while the home becomes one's world, it can also become

one's prison. Finally, these students perceive their health in terms of symptoms that they experience, both psychosomatic as well as behavioural, and they also recognize that symptomatology and behavioural changes are part of the parcel of health status.

Anger and desperation

Students were asked to respond to statements that reflected their general sense of anger, desperation, and helplessness. Indeed, these emotions were quite prevalent among youth in our sample who expressed high levels of anger (68% agree) and desperation (57% agree), with significantly more girls (72%) reporting feeling angry compared to 64% of boys ( $p<0.00005$ ); and more girls reporting feeling desperate (61%) compared to 53% of boys ( $p<0.00005$ ) (Tables 9 and 10).

Table 9: Feelings of anger and desperation expressed by students, both sexes (%)

Responses	Often feel	
	Angry	Desperate
Strongly agree	29	23
Agree	39	34
Neither agree nor disagree	13	16
Disagree	14	18
Strongly disagree	5	9

Table 10: Feelings of anger and desperation expressed (% agree and strongly agree), by sex

Responses	Boys	Girls
Angry	64	72
Desperate	53	61

Residence was also a determinant of how students felt (Figure 30): 81% of camp dwellers reported often feeling angry compared to 73% of city dwellers, 68% of town dwellers, and 65% of village dwellers ( $p<0.00005$ ). Desperation was also highest in camps, with 71% of camp dwellers reporting feeling desperate compared to 58% of city dwellers, 55% of town dwellers, and 56% of village dwellers ( $p<0.00005$ ).

These responses, whether maladaptive or otherwise, were also a function of the degree of exposure to violent events (Figure 31). To illustrate, 73% of students who reported high levels of exposure to violent events feel angry, compared to 68% of those who reported moderate levels of exposure to violent events, and 63% of those who reported low levels of exposure to violent events ( $p<0.00005$ ). Similarly, 62% of students who reported high exposure to violent events felt



Figure 30: Anger and desperation (% agree and strongly agree) by residence, both sexes (%)

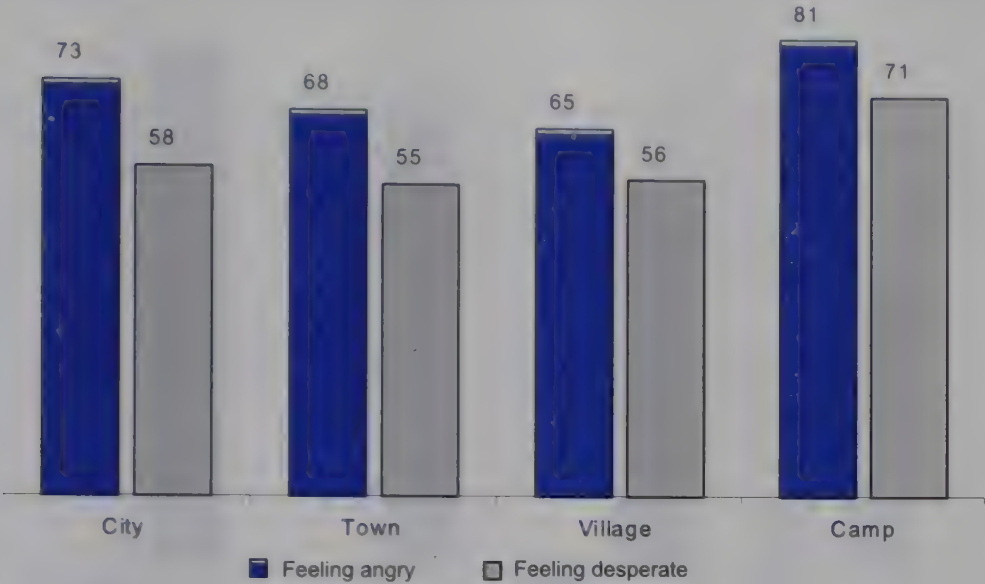
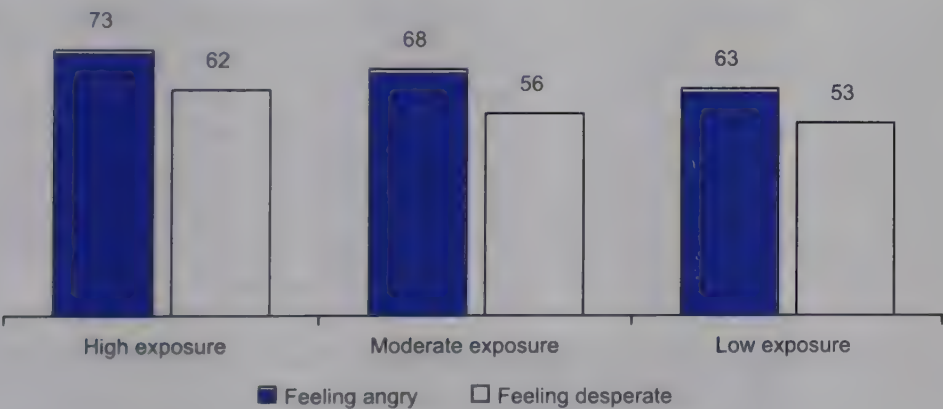


Figure 31: Anger and desperation (% agree and strongly agree) by exposure to violent events, both sexes (%)



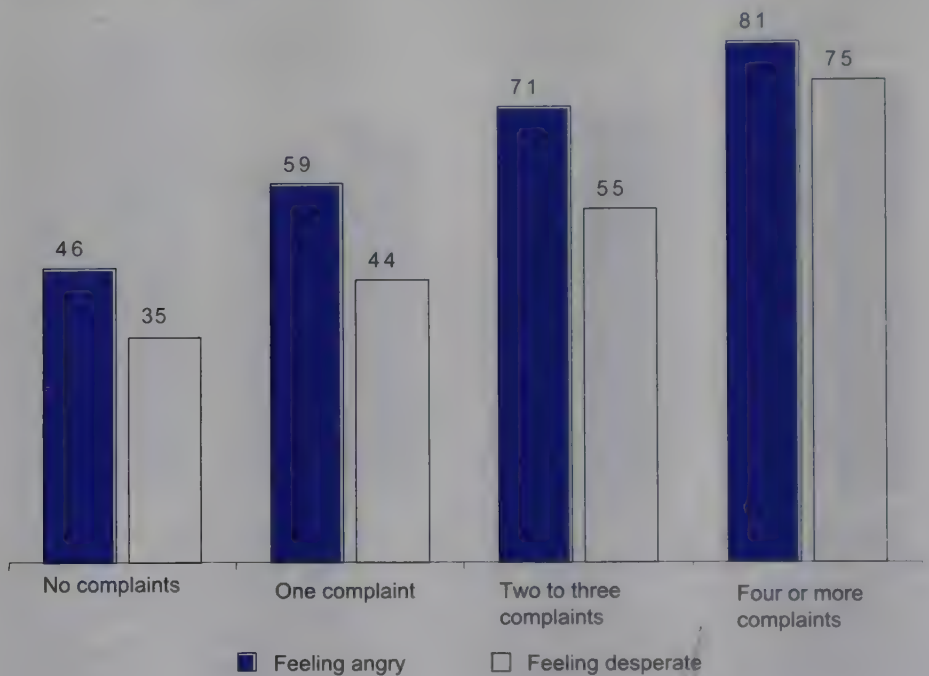
desperate, compared to 56% of those who reported moderate levels of exposure to violent events, and 53% of those who reported low levels of exposure to violent events ( $p<0.00005$ ).

Subjective health complaints, extreme symptoms and behavioural changes follow suit, with rising levels of anger and desperation associated with higher levels of subjective health complaints and extreme symptoms. Among those with four or more subjective health complaints (Figure 32), 81% reported angry feelings compared to 71% of those with two to three subjective health complaints, 59% of those with one subjective health complaint, and 46% of those with none ( $p<0.00005$ ). Anger was also significantly associated with extreme symptoms along similar lines, with 81% of those with high levels of extreme symptoms



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Figure 32: Anger and desperation (% agree and strongly agree) by exposure to violent events, both sexes



feeling angry, compared to 67% of those with moderate levels of extreme symptoms, and 54% of those with low levels of extreme symptoms.

Reports of behavioural changes were also consistent, with 77% of those who reported increased use of abusive language agreeing that they often felt angry, compared to 64% of those who did not. Similarly, 78% of those reporting increased aggressive behavior agreed that they were angry, compared to 66% of those who did not report an increase in aggressive behavior.

A similar pattern was noted for feelings of desperation, leading to the conclusion that a set of inter-related factors with possibly compounding effects are all operational here and important for the emergence of negative feelings and maladaptive responses to difficult situations. (Advanced statistical analyses such as regression analysis at a later date will hopefully assist in determining the major influences on these feelings.) Variables including gender, residence, living standard, exposure to violence and symptoms of psychological distress all seem to contribute to these negative feelings with potentially incapacitating effects on these young people – in terms of their current functioning and ability to cope positively with stressful circumstances, which in turn may well affect their future options in life.



**Subjective health complaints/extreme symptoms/behavioural changes by coping and hopes for the future**

A question about feeling helpless was used to assess the extent to which students felt they had control over their lives. The less students reported subjective health complaints and extreme symptoms, the less helpless they were. A significant proportion of students (41-43% of boys and 55-68% of girls) who reported four or more health complaints agreed with the statement: "I feel helpless" (Figures 33 and 34).

Figure 33: Feeling helpless (% agree and strongly agree) by subjective health complaints, by sex

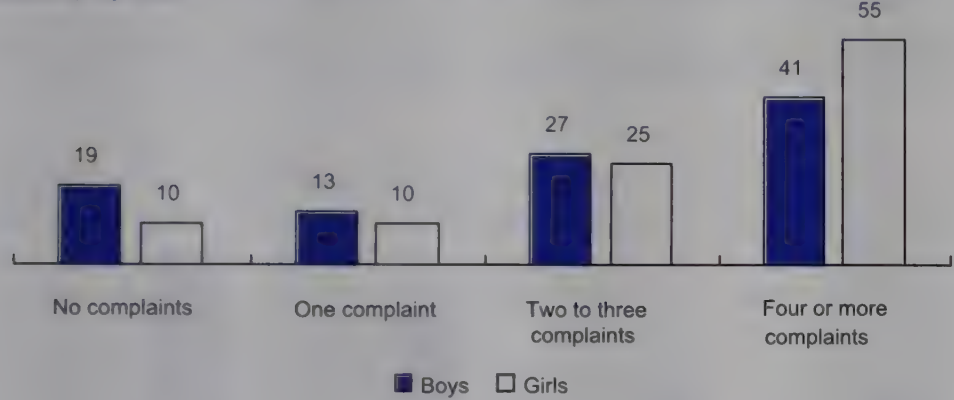
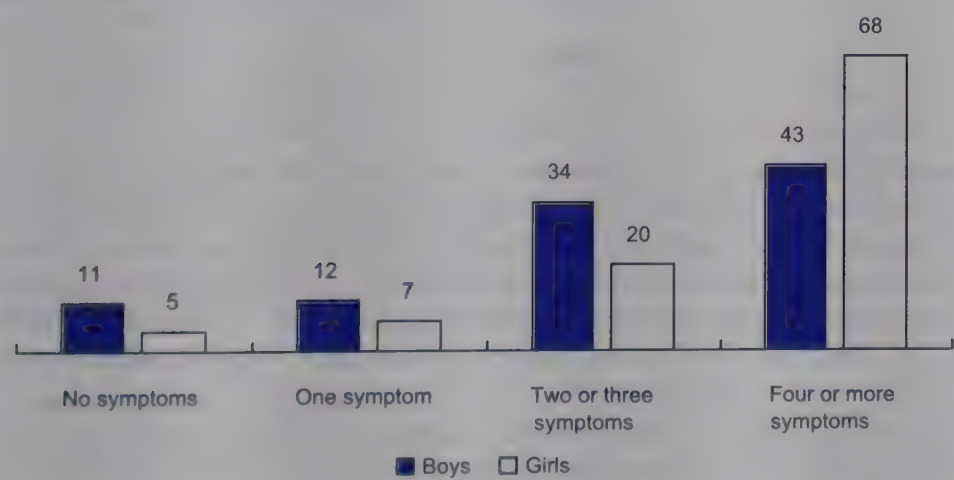


Figure 34: Feeling helpless (% agree and strongly agree) by extreme symptoms, by sex

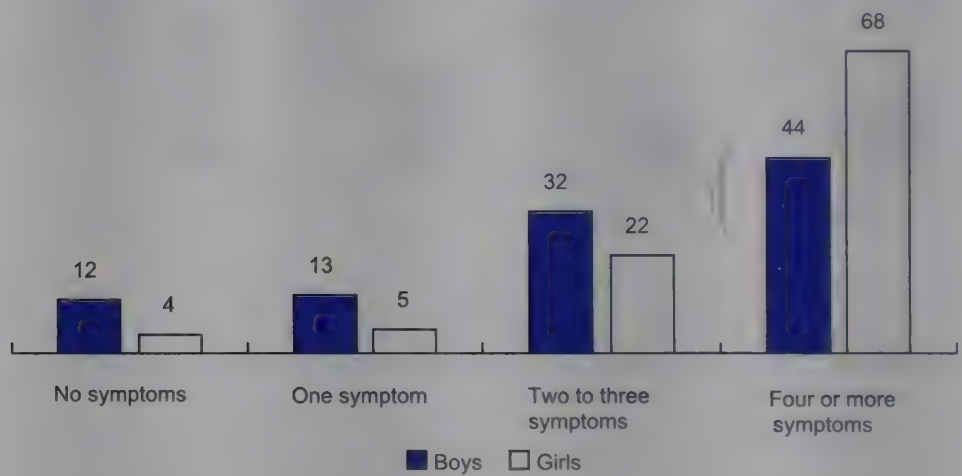


Along the same lines, students with four or more subjective health complaints and extreme symptoms reported feeling lonely (44% of boys and 57-68% of girls) compared to those who had no health complaints (17-12% of boys and 4-9% of girls) (Figures 35 and 36).

Figure 35: Feeling lonely (% agree and strongly agree) by subjective health complaints, by sex



Figure 36: Feeling lonely (% agree and strongly agree) by extreme symptoms, by sex



The focus group discussions confirmed this sense of loneliness, which was shown in the manner in which youth, especially girls discussed their feelings of being in prison. The policies and practices of curfews, mobile and spontaneous checkpoints, road closures, blockades and periodic army invasions have created a general sense of insecurity and restricted the movement of Palestinian civilians in the OPT. This combination of restrictions has had a devastating impact on children and youth by obstructing their access to healthcare, schools, places of worship and social, recreational and other activities (Watchlist, 2002). Accordingly, youth have become unable to participate in their communities, which should be a legitimate right for young people and is crucial for their psychosocial/mental health development. This sense of imprisonment is compounded by fear, instilled through a systematic regime of violence that keeps young people within the confines of their homes and safe surroundings.

A significant finding of the qualitative part of the study was the number of complaints from girls, and to a lesser extent boys, about how bored they felt. A



higher number of girls, especially those living away from the city, complained of uniformity and monotony in their lives. For them, school is boring and the situation is boring because they *"cannot move and go to different places"* and their lives are *"full of deadly routine"*. Some girls would often sleep for as long as two to three hours after school, which seems to be symbolic of this pervasive sense of boredom. A 10<sup>th</sup> grade student captured the feeling in these words:

*"We know what the next minute will bring along for us, we know which road we are taking on our way home, we know what we will be doing at home by the hour, we sometimes wish that when we go home, the taxi driver would take another road just to change the daily routine."*

It is not surprising that some girls in an urban school should express a wish to have school hours extended till 6.00 pm to decrease the boredom they face. They want to have the opportunity to learn to play musical instruments, to dance, to swim and to listen to music.

Furthermore, the qualitative findings shed light on the feelings of anger, desperation, and helplessness among Palestinian youth. In general, the responses generated through the focus groups were able to capture the complexity of feelings and the wider range of emotions such as the sense of humiliation and helplessness, frustration, hopelessness, anxiety and fear. The majority of the young people were angry and frustrated in the face of restrictions and controls imposed on their movement and travel.

An 11<sup>th</sup> grade student captured this succinctly:

*"We are not living in prison conditions... we are living in prison... Since the second uprising, the entire Palestinian population has been subjected to the most dehumanizing treatment and human rights violations... To travel from one place to another, we have been forced to endure shootings, arrests, verbal abuses, endless waits at checkpoints standing in the sun or the cold with little guarantee of onward travel, and humiliating physical searches... Bypass roads and closures have meant traveling over long distances across mountains and along dangerous and sometimes torturous and bumpy roads..."*

Students felt that they live in a prison within a prison, especially those living in Amari refugee camp, which adjoins Ramallah city. Most youth there are extremely poor and deprived, cumulatively neglected, have no desire to learn or go to school (and if they do, it is because their parents force them to), and are very frustrated, even angry, with their lot.

To illustrate, here are the thoughts of an 11<sup>th</sup> grade boy:

*"I hope to be able to return to my family's original place of living in 1948"*

*Palestine where our orange fields and lands are... yet, I know this is impossible... it is all gone... We were first asking for 1948 land, then 1967 land... Later we started asking for the end of closures and the lifting of curfews... Now we are demanding that the wall will fall."*

Another girl expressed how desperate she was:

*"I want to leave and get out of here... I will consider going even if it is to Sudan..."*

Among the Palestinian population there has been prolonged exposure to warfare and a sustained state of terror and fear that have become a reality of everyday living. This is compounded with the unpredictability of their lives as in most instances there is no way of estimating when the terror will start or end.

When the youth were asked what they did after school, first some said they went home and studied. When probed further, the entire group laughed, and some revealed that most left school for the day with nowhere to go and nothing to do. This and their sense of anger and frustration with their prison-like conditions, led them to throwing a few stones and then going home to study. As a group of 10<sup>th</sup> grade boys expressed it:

*"The stone is our only weapon... If a thief enters your home, you won't allow him to steal from you. You will beat him. This is exactly what you should do to the Israeli Jeeps."*

An 11<sup>th</sup> grade girl confirmed:

*[Because of the lack of a]... fair power balance - they have weapons and we don't - [throwing stones] helps us to express ourselves. It is our only weapon."*

Another boy gave a different point of view:

*"Although I wait desperately for the jeeps to enter, even stone throwing is not satisfying. We feel excited at the moment of throwing stones but after we finish, we feel it is nonsense, that we exposed ourselves to danger and stained our clothes with dirt. It is just a way that makes us feel that we are participating but in reality we are not doing anything. What can a stone do in front of a tank and heavy machinery?"*

Thus, increasingly, stone throwing is being understood as a coping and healing mechanism that these youth use in order to feel that they are in control. They have absolutely no space to participate in anything. It seems that although it is a risky behavior, it may well prevent behaviors that are even more risky and dangerous. Public health professionals are therefore faced with a real dilemma:



on the one hand, it is their duty to protect children; on the other it is also their duty to acknowledge children's rights to social and political participation. The stone throwing puts health professionals in a very difficult position, as the danger there is real. However, if this is a method of coping, and if this pre-empts more serious activities, then how should the subject be approached?

Life has become transformed into a prison on more than one level. Checkpoints and travel barriers have disrupted the most basic daily routines such as going to school.

*"Checkpoints might be put up at any moment... We are afraid of being caught up somewhere and not being able to go home... Last week, we had curfew for two days... There was a checkpoint near the bridge for a few days, not allowing anyone to enter or leave the village... School was disrupted because many teachers come from Ramallah. (10<sup>th</sup> grade girl from a village)*

While everyday travel has been severely disrupted, travel overseas or within the West Bank has grounded to a near halt. Feelings of imprisonment among middle class and more affluent students in rural or urban areas are reinforced when they can no longer travel to Europe, the United States or to other Arab countries.

Two girls described the anger they felt on a school trip:

*"The trip was postponed several times because of closure - we would go to school and were told to go home because of closures... When we went on the trip, we did not enjoy it because we were stopped at the checkpoint for one-and-a-half to two hours... We were searched, forced to leave the bus and women soldiers entered."*

At that point, her classmate interjected and said that she felt furious and "wanted to do something to hurt the woman soldier." Another 10<sup>th</sup> grade girl articulated her anger: "On our way there, we were stuck at a checkpoint near Jenin under the extreme heat. I was wishing Israeli soldiers would be hurt somehow for leaving us stranded there in the heat."

What is equally palpable from the findings is not just the anger but also, the sense of humiliation and hopelessness experienced by youth as they are confronted with harassment at checkpoints:

*"On our way to Jordan last summer, we were subjected to great humiliation... We were forced to sleep in Jericho on the Istiraha [rest stop] for two days until our turn came to go to the Allenby Bridge to cross."*  
(10<sup>th</sup> grade girl)

This feeling of degradation was shared by another 10<sup>th</sup> grade student:

*"I went to Jerusalem for a medical operation. I was stopped at the checkpoint for a long time... I was going to be fined for NIS500 and asked to sign papers saying that if I get caught again, I have to pay it... After lots of phone calls and people intervening with medical papers, I was allowed to go through... I felt like a stranger in my own country because they told me to go and find another place to be hospitalized and to cross another checkpoint."*

An 11<sup>th</sup> grade student who worked in the settlements during the summer also used the word "humiliating" to describe his experiences:

*"Contractors tend to punish and beat us, telling us to work faster and to work more and... to stop wasting time. I had a stone thrown on me... After all this trouble I was not paid my wages... They used me and did not pay me."*

The qualitative research substantiated to a considerable extent the findings on distress and exposure to violence. In the focus group discussions, students were asked the following questions: "How do you feel when you are under pressure?" and "What makes you cry?" Psychological complaints from both boys and girls included withdrawal, isolation, lack of concentration, a sense of hopelessness, hyper-alertness, obsessive thoughts, anxiety, depression, helplessness, feeling humiliated, restlessness and feelings of being caught in an internal conflict.

There is a need to go beyond learning about symptoms to a more rigorous understanding of how young people deal with the stressors in their lives, and of their survival mechanisms. Learning about symptoms tells us little about how adolescents sustain themselves and develop the capacity to go to school, to succeed in their exams or conduct their relationships with parents, friends or teachers. The crux of the matter is how young people themselves feel about their capacity to cope in spite of symptomatic reactions. It is important to bear in mind that for most young people, feelings or symptoms do not always exist in a frozen or rigid state. As one boy said: *"Feelings come and go and are not there all the time."* Because feelings can fluctuate, young people are not always permanently mired in symptoms that incapacitate their ability to function on a day to day basis.

The study also shows that girls experience a greater sense of frustration and helplessness than boys, because of "too much pressure from parents", especially since the Intifada started. One girl concluded:

*"I don't like to leave home. My family started forbidding me from going out while I was in 9<sup>th</sup> grade... first I used to have many fights demanding to leave the house as before but now I don't like to leave anymore."*

Other girls told similar stories. For example:



*“Even if we want to go out, we are always asked what time we will be back home... This control issue makes us upset even before leaving the home... So it is better not to leave to avoid going through the whole process of answering questions.”*

Girls from a refugee camp said they felt “helpless” and “suffocated” when their parents became stricter after they finished 9th grade and moved to a new school in a neighboring town. Their parents did not only ask for the phone numbers, names and addresses of their friends, but also chose their friends for them.

Political activism and exposure to violent events

The Intifada at its inception, and the accompanying engagement of youth in political expression, was a source of empowerment to many who felt that the collective movement symbolized a national struggle that allowed for social cohesion and an “outlet for the simmering anger” (El-Sarraj, Abu Tawahina, and Abu Hein, 1994, p149).

Engagement in political activity was not addressed directly in the PACT survey but indirectly through proxy measures (activities related to political activism) that sought to investigate the involvement of students in activities such as marches and protests, visiting the families of martyrs and visiting the wounded. A political activism index was constructed out of the responses to these questions. The political activism index was then examined in relation to exposure to violent events (Figures 37 and 38). Students who were identified as politically active (three to four activities) were more likely to report high exposure to violent events (64% of boys and 56% of girls) compared to those who were not politically active, where 14% of boys and 7% of girls reported high exposure to violent events. This is an expected finding considering that being politically active implies increased mobility and in turn increased risk of being exposed to violence.

Figure 37: Exposure to violent events by political activism, boys (%)

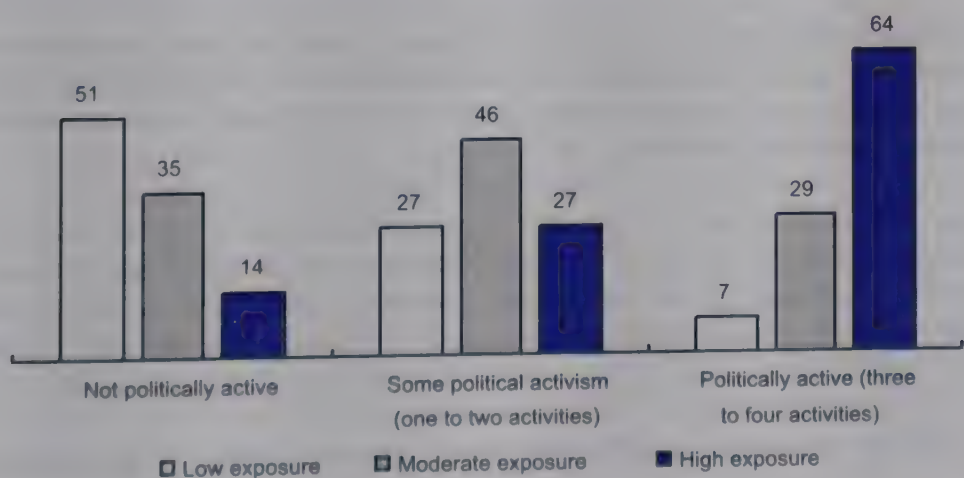
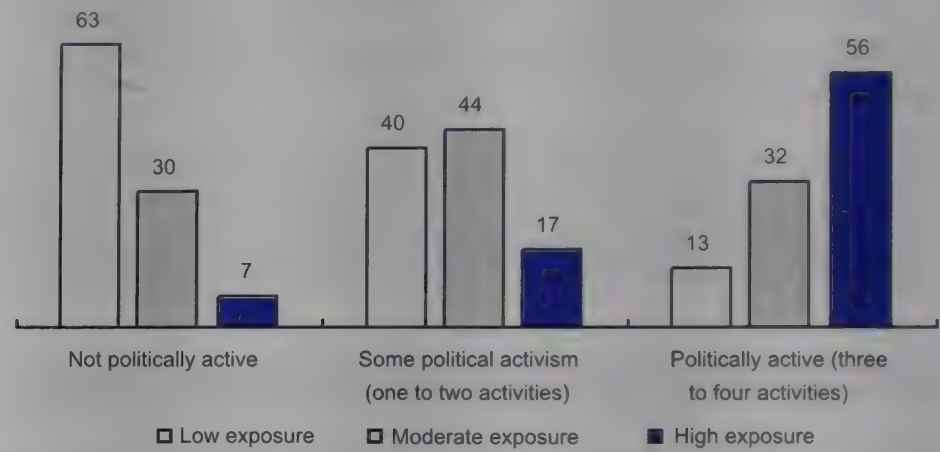


Figure 38: Exposure to violent events by political activism, girls (%)



Political activism, as defined by the PACT survey items, was also examined in relation to subjective health complaints and extreme symptoms reported by youth. Figures 39 to 42 demonstrate that there is a strong association between being politically active and emotional and psychological complaints.

Figure 39: Subjective health complaints by political activism, boys (%)

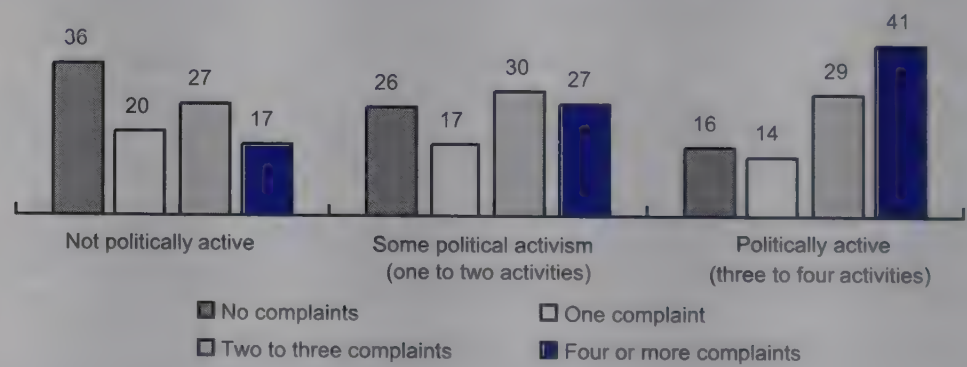


Figure 39 reveals that a high of 41% of boys who reported high political activity also reported four or more subjective health complaints, compared to 27% of those reporting some political activity, and 17% for those who reported no participation in political activities.

A similar pattern is noted for girls, but more strongly than for boys. Figure 40 demonstrates that a high of 61% of girls who reported high levels of political activity also reported four or more health complaints, compared to 41% among those who reported some political activity, and 32% among those who reported none.

An association between reports of extreme symptoms and political activism is



Figure 40: Subjective health complaints by political activism, girls (%)

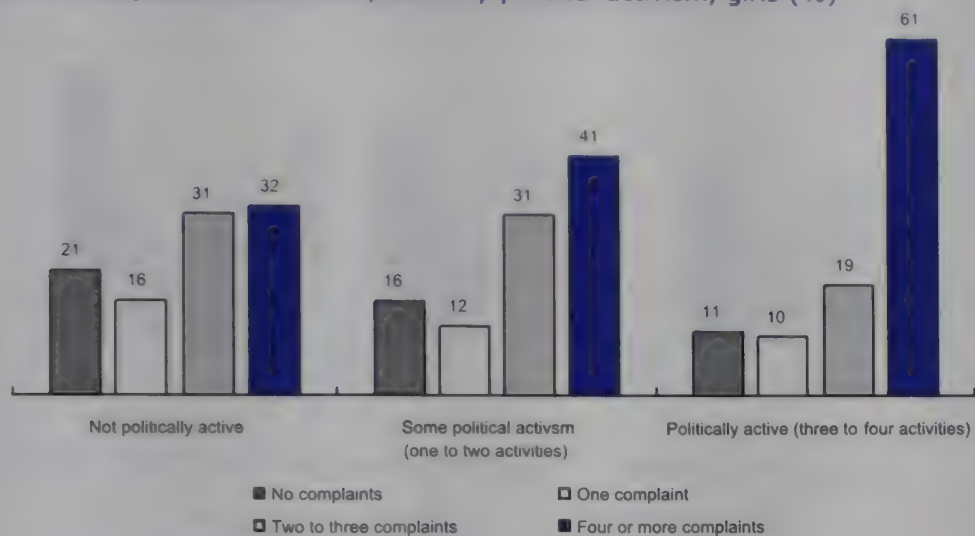
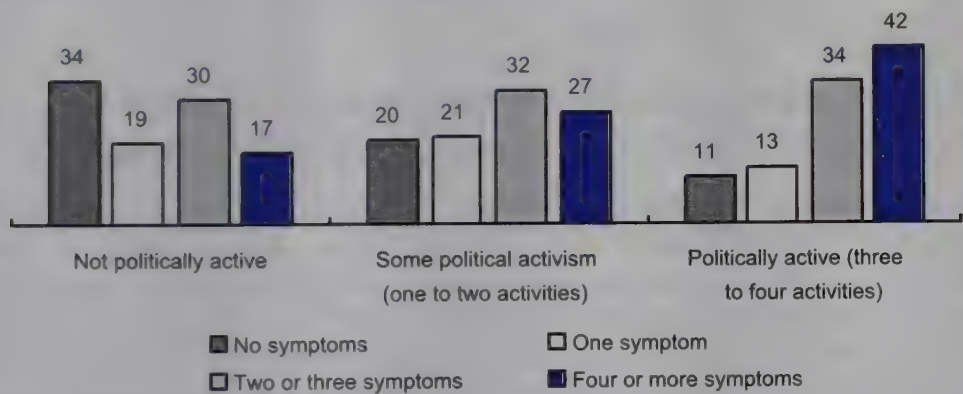


Figure 41: Extreme symptoms by political activism, boys (%)

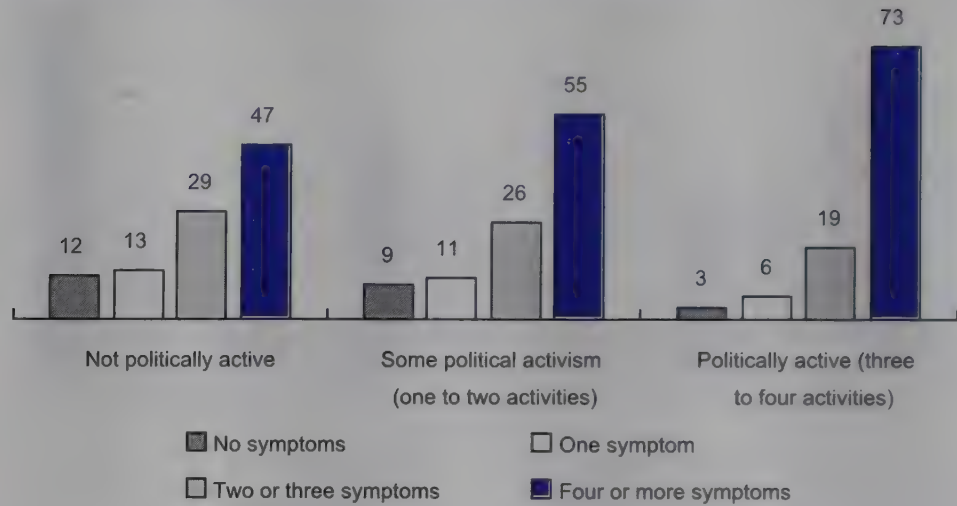


also evident. Figure 41 reveals that 42% of boys reporting three to four political activities also report four or more extreme symptoms, compared to 27% for those reporting some political activity and 17% for those reporting no political activity.

A similar pattern is observed for girls (Figure 42), once again, in a stronger way than for boys. Seventy-three per cent of girls reported three to four political activities also reporting four or more symptoms, compared to 55% among those who reported some political activity and 47% for those reporting no activity at all. Thus, the association between political activism and symptoms is clear, although this association is consistently stronger among girls compared to boys.

These results suggest that the activities that reflect political activism may be measures of acts of altruism, agency and resolve to support the community in trying times. These activities require being mobile, and in turn increase vulnerability and risk of exposure to violence, and consequently, higher levels of symptoms. It could also be that those who suffer a higher level of exposure to violence and its consequences (symptoms) resort to political activities as a

Figure 42: Extreme symptoms by political activism, girls (%)



method of coping with their violation – as has been noted in some focus group discussions, and to restore dignity.

**Social supports: parent relationships/school satisfaction/help from teachers and counsellors**

There is evidence to suggest that personal social support networks and a sense of community can be more valuable in providing needed help for trauma victims than counseling and clinical interventions delivered by humanitarian agencies (Raphael, Meldrum and McFarlane, 1995; Save the Children Alliance, 1996; Summerfield, 1999; Children and War, 2004). Research focusing on young people exposed to trauma, war and conflict illustrates the role of social supports such as relationships with parents in providing protection against psychological and emotional trauma. For instance, it has been shown that refugee adolescents who expressed good family relations experienced fewer psycho-social reactions to trauma, which emphasizes the importance of the quality of parent-adolescent relationships as a support system (Ajdukovic, 1998).

In the survey, relationships with parents were assessed using variables that addressed ease of communication with parents, being understood and trusted by parents, support received from parents, and having a happy home life. These variables were then used to create a scale that was broken down into tertiles representing poor, moderate, and good parent relationships. Overall, 34% of the students reported poor relationships with their parents, and 33% each moderate and good relationships. In line with findings from other studies of adolescents experiencing trauma, 25% of boys and 33% of girls who had good relationships with their parents reported four or more subjective health complaints, compared to 40% of boys and 55% of girls who had poor relationships with their parents (Figures 43 and 44).



Figure 43: Subjective health complaints by parent relationships, boys (%)

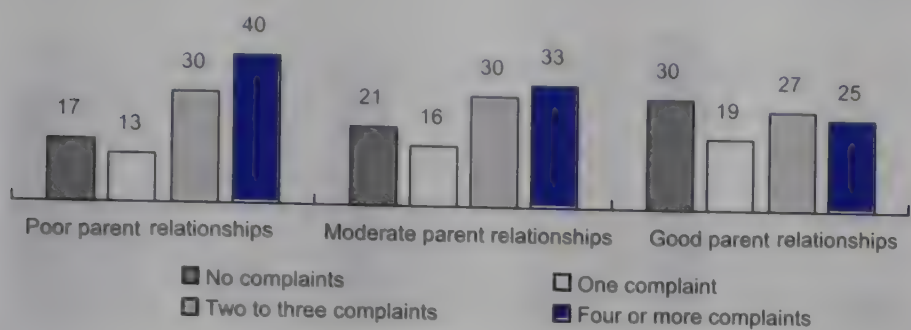
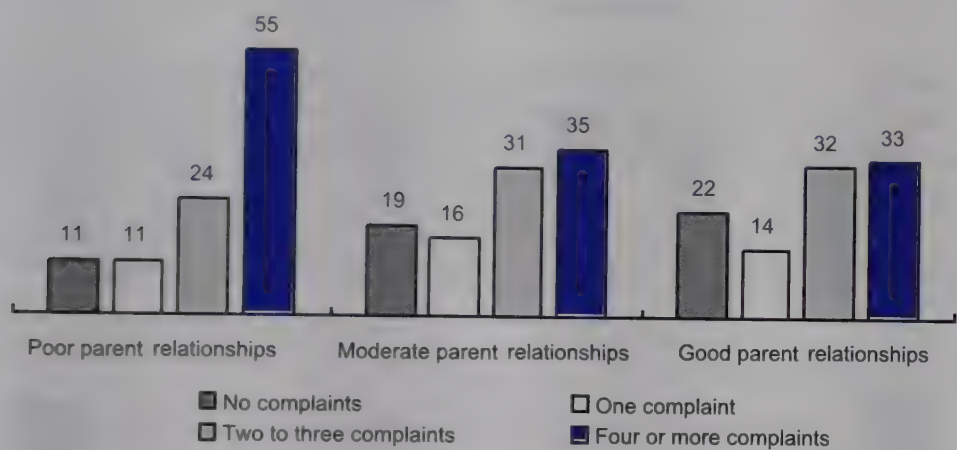


Figure 44: Subjective health complaints by parent relationships, girls (%)



A similar association exists between the students' reported relationships with parents and extreme symptoms, which emphasizes the important role the home plays in alleviating emotional and psychological conditions (Figures 45 and 46): 43% of boys and 64% of girls with poor parent relationship reported extreme symptoms, compared to 24% of boys who reported good parent relationships and 48% of girls who also reported having extreme symptoms.

Figure 45: Extreme symptoms by parent relationships, boys (%)

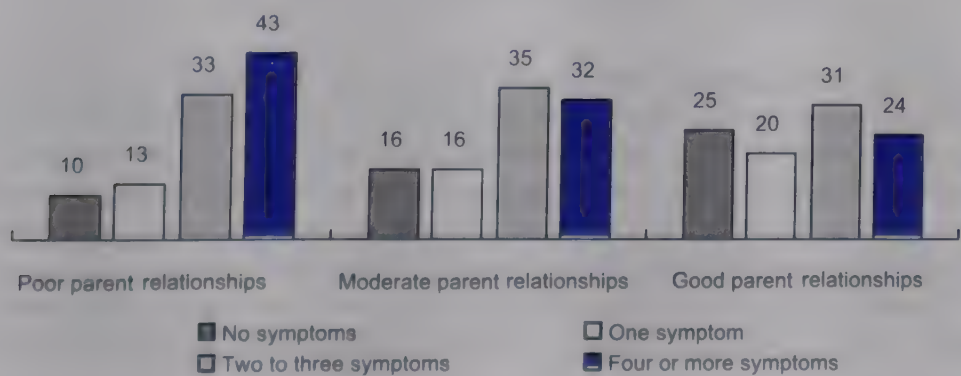
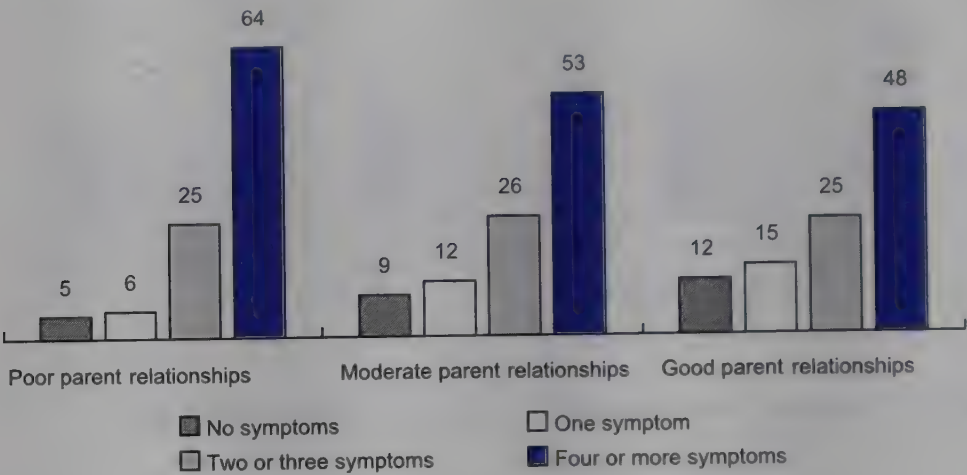
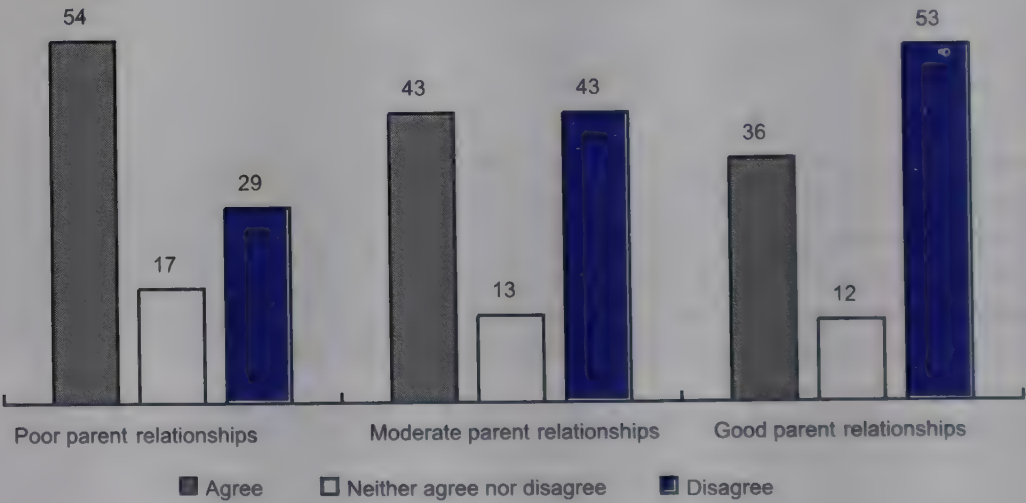


Figure 46: Extreme symptoms by parent relationships, girls (%)



Furthermore, students who reported good relationships with their parents were less likely to express feeling lonely (47%), compared to those who have a moderate relationship (44%), and a poor relationship with parents (34%) (Figure 47).

Figure 47: Feeling lonely (% agree and strongly agree) by parent relationships, both sexes



Despite the increasingly difficult circumstances surrounding schooling for Palestinian youth, school remains a vital aspect of the social lives of youth. In western societies, school satisfaction has been shown to play an important role in the relationship between young people's school experiences and their health behaviors and attitudes (Boyce, 2004). Students who felt that their school is a safe place to be, or that they belong in school were more likely to enjoy going to school and to feel that school provided them with the support and resources needed. This concept of school 'connectedness' was examined for young



people in the sample in an attempt to examine the relevance of the school as a social support in their lives.

In the study, 33% of students reported a low level, 30% a moderate level and 37% a high level of school satisfaction. It was interesting to note a positive inverse relationship between high school satisfaction and both subjective health complaints and extreme symptoms for both boys and girls. Figures 48 and 49 demonstrate that 41% of boys and 53% of girls who reported four or more health complaints also reported low school satisfaction, compared to 26% of boys and 33% of girls who had the same level of complaints but reported high school satisfaction.

Figure 48: Subjective health complaints by school satisfaction, boys (%)

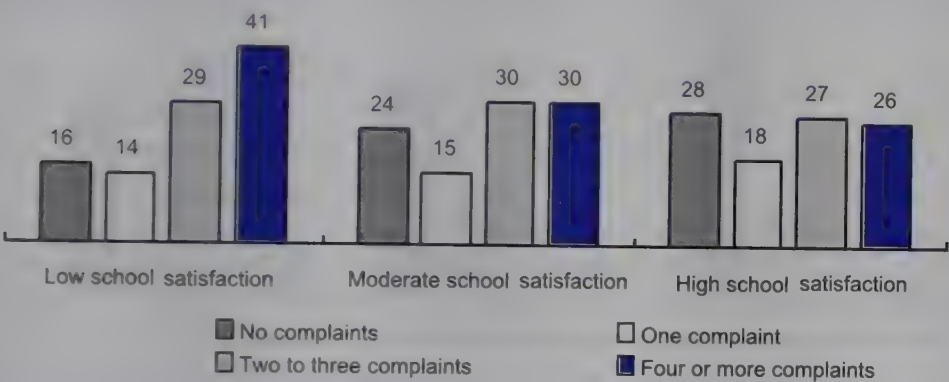
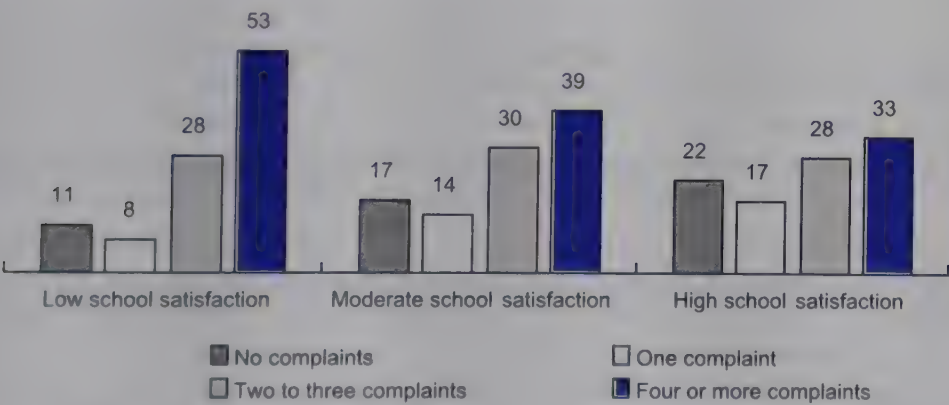


Figure 49: Subjective health complaints by school satisfaction, girls (%)



Figures 50 and 51 reveal a similar pattern for extreme symptoms: 41% of boys and 66% of girls who reported having four or more extreme symptoms also reported low school satisfaction, compared to 26% of boys and 48% of girls who reported the same level of symptoms and also reported high school satisfaction. These finding are important in that they emphasize the need to expand the resources and support mechanisms provided by schools, a central arena for psychosocial health program development that can effectively address needs using culturally acceptable methods.

Figure 50: Extreme symptoms by school satisfaction, boys (%)

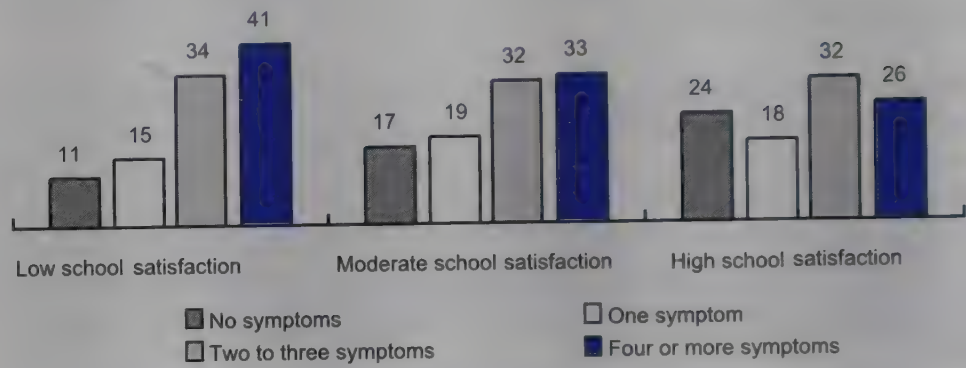
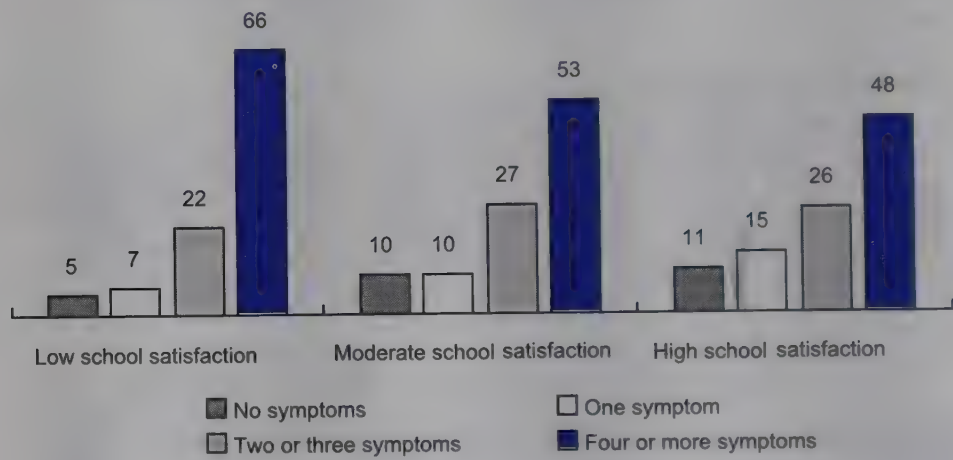
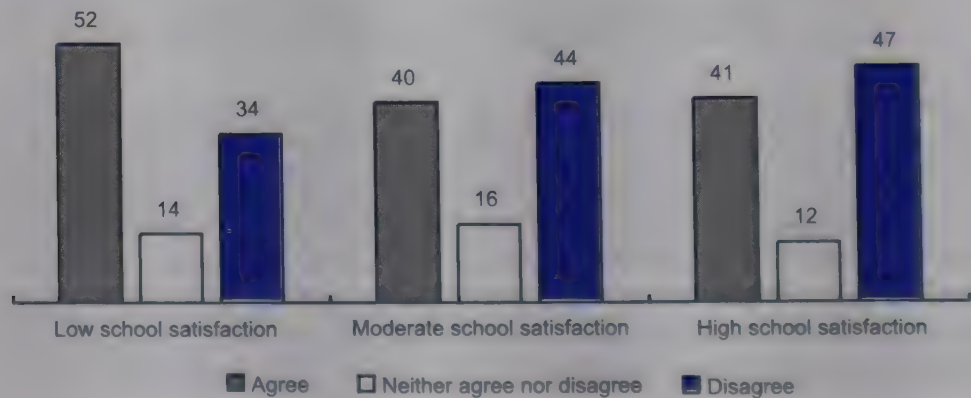


Figure 51: Extreme symptoms by school satisfaction, girls (%)



Although school satisfaction appears to play a role in students' reports of psychological and emotional manifestations, it plays a lesser role in alleviating feelings of loneliness. Figure 52 reveals that 52% of students who reported low school satisfaction also agreed that they often feel lonely, compared to 41% among those who had a high level of school satisfaction. That is, feelings of

Figure 52: Feeling lonely (% agree and strongly agree) by school satisfaction, both sexes





loneliness are associated with being dissatisfied with the school, and this raises questions about the cause of this link, a finding that merits further investigation.

Additionally, no association was found between seeking help from counselors or teachers and feelings of loneliness, again raising questions as to the role of the school administration and staff in the management of loneliness. It is, however, interesting to note that boys were more likely to seek help in the past year from teachers and counselors than were girls (Table 11).

**Table 11: Seeking help from counselors and teachers, by sex (%)**

	Help from counselors	Help from teachers
Boys	23	31
Girls	15	18

For both sexes, seeking help from teachers over counselors was more common, possibly because of easier access to teachers compared to counselors: as contact takes place with teachers on a daily basis and in the classroom, as opposed to a stigmatizing assigned place in the school, as is the case with counselors. A recent report exploring psycho-social mental health services in the OPT indicated that the largest pool of counselors are employed by the Ministry of Education in schools, followed by UNRWA<sup>15</sup>'s school counseling program (Giacaman, Mikki and Naser, 2004). However, the managerial structure of these systems and the services offered were also found to get in the way of effective student support. Furthermore, the focus group discussions revealed that students felt a stigma associated with seeking help from counselors, as counselors were often asked to intervene by a principal or teacher only when students were facing serious academic or behavioural problems.

**Aspirations and hopes for the future**

Despite generally high levels of anger, desperation and helplessness, on the whole, these young people continue to have more positive expectations of the future than anticipated. When asked about how they visualize themselves at age 25, over 80% saw themselves as having good jobs, and 58% saw themselves as being happy and with a family. Slightly over half (58%) had high hopes for the future, 37% felt that there was some hope for the future, and 5% had no hopes for the future at all. However, a related finding reveals that these aspirations are associated to a large degree with a change in living conditions. For example, only 59% of students saw themselves still living in the country at age 25, 41% saw themselves living abroad.

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A breakdown of aspirations by sex is revealing (Table 12). While PCBS data show that only 12% of Palestinian women currently hold jobs outside the home, 80% of girls in our sample have hopes of holding a job when they are 25 years old, and 36% see themselves as living abroad. However, given current social and political realities, it is unlikely that these dreams will be fulfilled unless through marriage. More boys (46%) than girls see themselves as living abroad.

**Table 12: Where youth see themselves at 25, by sex (%)**

Where see themselves	Boys	Girls
Working a good job	87	80
Working a bad job	6	3
Unemployed	7	17
In this country	54	64
Happy with family	86	91
p<0.00005		

Camp dwellers continue to look compromised and city dwellers advantaged, with 76% of camp dwellers seeing themselves as having a good job at age 25 compared to 84% of village dwellers, 80% of town dwellers, and 88% of city dwellers ( $p<0.0005$ ). Town dwellers appear to 'dream of being abroad' to a significantly higher extent than others at 46%, followed by those living in villages at 43%, city dwellers at 36%, and camp dwellers at 28% ( $p<0.00005$ ). Explanations for these results are beyond the scope of this report. It may well be that villagers and town dwellers do not have many options in their locale. However, they may also have access to family migrants living elsewhere who can assist them in making the move to a country where they are able to seek a livelihood, in the typical Palestinian fashion of making ends meet through kin remittances and work opportunities abroad.

The highest levels of lack of hope came from camps at 10% of responses, compared to 4% for the other locales ( $p=0.017$ ). The relationship remained strong when controlling for STL. Hopes for the future decreased with increasing exposure to violence, with 54% of those with high exposure having hope for the future compared to 60% for the moderate and low exposure to violence groups ( $p<0.00005$ ). Hope for the future was also associated with subjective health complaints, with 79% of those with four or more complaints expressing hope for the future, compared to 86% for those who reported no complaints ( $p<0.00005$ ). Likewise for extreme symptoms: 78% of those with high levels of extreme symptoms expressed hope for the future, compared to 86% among those with few symptoms ( $p<0.00005$ ).

Overall, it is clear that the students' place of residence plays an important role in how they perceive their future, and in turn shapes their hopes for a better or worse future. Moreover, exposure to trauma within these locales, and the associated subjective health complaints and extreme symptoms, are also key in



shaping youths' aspirations. It is apparent that experiences of destitution, and hopes for the future are inversely related and need to be taken into consideration when designing and implementing intervention projects, especially those that focus on alleviating suffering and maintaining positive future aspirations.





## Summary/Interpretation of findings

The findings of this research are limited by the fact that the study was school-based, and therefore did not include students who have dropped out of school. However, current Ministry of Education reports indicate a generally low level of attrition from schools, ranging from 2-4% of 9<sup>th</sup> to 11<sup>th</sup> grader students. The youth included in this survey, constitute a representative sample of 10<sup>th</sup> and 11<sup>th</sup> grade students in the District of Ramallah, and as such, their responses offer findings that can be generalized to all students attending these grades in the District.

One of the main findings of this study highlights the fact that educational choices in the OPT are largely a function of physical accessibility that is impeded by road barriers, closures, and checkpoints that have become a reality of daily life. These barriers can severely restrict travel or inhibit it altogether, from one point to another regardless of distance, and consequently, seriously limit students' educational choices. The other factor that contributes to limited educational choices is related to gender norms and expectations that present girls with added difficulties that come in the way of their aspirations to pursue studies in subjects not available in their community of residence.

Family affluence and economic standing are also closely tied to the geopolitical context of the District and where the students reside. Parental employment was determined to a large extent by the educational attainment of parents and their place of residence. The most educated parents, especially those residing in cities, were the most likely to be employed at the time of the survey. Students' family standard of living was associated with the educational level of fathers, but more so with that of mothers. However, even family STL is subject to sudden modifications given that sometimes the political and geographical landscape can change rapidly, and produce a negative change in access and opportunities, irrespective of educational levels of parents. Youth are very cognizant of these constraints. This is illustrated by one young man's response to his participation in a program run by an NGO that teaches students how to use computers:

*"But then, what good would this do, as others have learned how to use computers and still can't get jobs."*

In this study, boys tended to report higher levels of perceived family affluence and STL than girls. These findings could be attributed to the fact that boys from poor socio-economic backgrounds drop out of school to work and support their families early, beginning at lower grades than the 10<sup>th</sup> grade, whereas girls tend to drop out of school at the upper grades (grades 11 and 12), again due to socio-economic factors or to the pressure to get married, leave the house and lessen the financial burden on the family.

A very high level of exposure to violent events was reported by the students

## Summary/Interpretation of findings

included in this study. However, boys reported significantly more exposure to violent events than girls at both the individual level, such as being beaten by the army, interrogated and humiliated, and at the collective level, such as being exposed to tear gas. These gender differences were not as pronounced for the collective level of exposure compared to individual exposure to violent events, a reflection of the pervasive nature of collective violation.

Girls reported higher levels of subjective health complaints, such as headaches and feeling depressed, and extreme symptoms such as inability to concentrate on daily tasks and studies, and having nightmares. Boys on the other hand tended to report an increase in aggressive behavior and abusive language. These gender differences substantiate the need to develop interventions that are gender sensitive and are not based on a 'cookie-cutter' approach to psycho-social mental health.

In line with the conceptual framework utilized in this study, which served to identify individual and collective phenomena, camp dwellers, irrespective of family STL, reported the highest levels of exposure to violent events. Likewise, camp dwellers reported the highest levels of subjective health complaints, extreme symptoms of distress and behavioural changes. The analysis further demonstrates that exposure to violent events within these locales, and the associated subjective health complaints and extreme symptoms were key in determining youth aspirations. Life satisfaction reports also reveal that camp dwelling youth are the least satisfied with their lives, followed by village dwellers, and with no appreciable differences between city and town dwellers. Likewise, experiences of destitution and hopes for the future were inversely related in ways that need to be taken into consideration when designing and implementing intervention projects.

These results can only re-emphasize the importance of the concept of collectivity in analyzing violent and traumatic contexts, where often the group that a person belongs to and the locale in which a person lives are key determinants of exposure to violence. Indeed, all too often, a focus on events pertaining to the individual divorced from context and community have led to unfortunate emphases on individual remedies (such as one to one counseling) when recovery could have been achieved in more effective ways by focusing on strengthening the social fabric and communal support, elements that are known to weaken in times of conflict.

Focus group discussions revealed an interesting dimension in the way students assess the magnitude of violence that they experience. The majority of boys and girls perceived, comprehended and rationalized their experiences and their own vulnerability in terms of the experiences of 'others' that are worse off than they are. In the absence of more tangible methods of assessing resilience and methods of coping, this relative measure may be posited as one way of coping, unconsciously employed by young people to help them accept realities and



manage their lives in trying times.

Students' perceptions of life satisfaction and self-rated health were linked to gender roles and responsibilities that define and restrict girls' access to the world outside the home. Significantly more girls reported low life satisfaction levels and worse health than boys. Clearly, in the local context, gender roles have an enormous impact on participation, agency and the freedoms that are afforded to girls and boys in different ways, and therefore influencing their lives and their views on health and life satisfaction. Once again, these results emphasize the need to pay special attention to girls in future interventions, and to work towards strategies that address the specific needs of each of the sexes. Self-rated health and life satisfaction on the other hand were also linked to family STL in as much as comfort, amenities and access to the outside world through telephones, computers and the Internet help students to cope in stressful times. Yet, while the home becomes a person's world, it can also become a person's prison.

Another significant finding of this study is that students evaluated their health status (self-rated health) in terms of the symptoms that they experienced (both psychosomatic and behavioural), and they recognized that symptoms and behavioural changes are part of the parcel of health status. This is a noteworthy finding in that it contrasts to the prevailing local discourse that continues to separate the physical from the mental, or to focus on physical health at the expense of psycho-social factors that are important aspects of overall health. This finding will indeed encourage the research team to venture into holistic interventions, given that these young people themselves have made the link between the body, the psyche, behavior and the mind.

An important theme highlighted by the focus group discussions was "being bored". A closer reading of boredom reveals that underlying this complaint is an overwhelming sense of helplessness. Boredom is an expression of disengagement and detachment:

*"I am bored because everything is the same, and since everything is the same, I can do nothing to change the situation."*

These young people are trying to say they feel too helpless to change their situation and that they have no control over their lives. There is little they can do to change the environment or the course of their lives because nothing will change for them: a vicious cycle in itself. This outlook on life is alarming in view of the fact that these young people are at an age when they should be exploring and shaping their worlds. Just when autonomy and control are critical to their maturation into young adulthood, they are abandoning efforts to play an active role in determining their own lives.

Nonetheless, it can be argued that while symptomatic effects are distressing, certain symptoms can be adaptive and function as psychological defenses in the

face of dehumanizing living conditions. To paraphrase British clinical psychologist Oliver James (2004), rather than pathologizing symptoms, "they endure as inner ways of functioning when reality becomes unbearable". Indeed, the experiences of subjective health complaints and extreme symptoms (Summerfield, 1999) are not necessarily considered pathological but can be considered as normal cognitive and emotional responses to adverse situations. Thus to confuse symptoms that are normal reactions to catastrophic conditions with a severe mental disorder that requires psychological interventions is to pathologize and undermine the resourcefulness and strength of Palestinian youth.

Yet a worrisome finding is that both boys and girls expressed high levels of anger, desperation, helplessness and feelings of loneliness, with significantly more girls reporting these feelings than boys. These reported feelings were also highest among camp dwellers. Other factors such as family STL, exposure to violence and symptoms of psychological distress all seem to contribute to these negative feelings, feelings that can have incapacitating effects on young people's ability to function and to cope positively with stressful circumstances. However, without further statistical analyses, it is not possible to determine whether symptoms cause these feelings of anger, desperation, helplessness and loneliness, or whether it is these feelings that result in symptoms of distress, be they subjective health complaints, extreme symptoms, or behavioural changes.

Finally, this survey indicates that to students, danger, violence and trauma are very much within their own neighborhoods, close to school and home, sometimes taking place at home, and not only in public spaces. This finding is important for helping to increase the understanding of the context and location of Palestinian youth violation, as the image of youth exposed to violence tends to be fixated inaccurately on their representation at checkpoints. The question that needs to be raised is: "would throwing a stone at a tank that is in the process of destroying someone's neighborhood and dreams be considered risky behavior?" Or should this action be recognized as a symbol of agency, or a strategy of coping for youth living under such extreme stress?



## Conclusions and recommendations

For too long, research on adolescence has been lacking in Palestine, and the adolescent phase as a lifecycle juncture in its own right has only recently been recognized. As is the case with adolescents in the rest of the Arab world (Fattah, 2002), the sharp drop in the infant mortality rate and the continued high fertility in Palestine are producing a considerable growth in the youth population: 72.8% of the population is under the age of 30 years and 26% between the ages of 15 and 29 years (PCBS, 2004). These Palestinian 'baby boomers' are caught in a transition. On the one hand, they are able to observe and participate in events in the rest of the world through remarkable access to information technology and satellite television stations. Hence, their passage to adulthood is considerably more multicultural than those of their parents and grandparents. On the other hand, a Palestinian sense of identity is stronger among this generation than ever before. They are rethinking and re-examining long held assumptions, not only those of the family and community, but also of the school system.

In the face of exposure to the rest of the world, they are searching for their own space, and seeking a change in their lives. However, since the signing of the Oslo Peace Accords of 1993, they have been caught in a double bind as they are living in an era of increasing traditionalism and authoritarianism (Hilal, 1998). Consequently, in a pattern that their Arab counterparts do not have to experience, they are caught between the stress of adolescence in an ever changing and paradoxical culture and the severe stressors of chronic violation because of ongoing and intensified conflict.

Thus Palestinian adolescents are particularly vulnerable to the consequences of violation, whether generated internally or externally. However, violence affects boys and girls differently, and appreciating these differences is vital for planning future interventions (Boyden, 2000). During the period of adolescence in Palestine, freedoms are increased for boys while they are restricted for girls. In similarity to other traditional cultures (Arnett 2004), as girls are suddenly expected to become women, their world contracts, and their socialization narrows as they must now abide by and endure the new restriction imposed upon them.

In contrast, the world of boys expands as they gain new privileges. However, in the process they also gain new responsibilities. To become a man, boys must prove their potential by becoming economically active, and must demonstrate their ability to protect their families. Thus even though much of the literature on gender focuses on the pressures and constraints imposed on girls and women, within current Palestinian circumstances, there is also an urgent need to pay attention to the specific and huge pressures and constraints placed on boys. Given the minimal options for employment and income generation, and boys' incapacitating inability to protect their families in the face of the Israeli army onslaughts, this consideration is essential.

## Conclusions and recommendations

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The manifestations of these enormous pressures on boys and girls are expressed in different ways. In comparison to girls, boys are more likely to experience injury and are exposed to higher levels of violation by the Israeli army. They tend to externalize by using abusive language and aggressive behavior to a higher level than girls. In a study completed on the West Bank in the late 1990s, it was suggested that Palestinian youth aged 16 to 19 feel that violence is a widespread feature of their society and is “a justified problem-solving tool” (Abuateya, 2001). In addition, from a Palestinian perspective, the aggression and violence exercised by Israeli forces rationalizes the use of violence on the part of young people and reinforces a culture of violence that permeates all levels of society, including schools and homes. Girls, on the other hand, are more likely to feel ‘imprisoned’ at home and experience more psychological effects related to depression, loneliness and desperation, findings that are analogous to those of other studies (Farah, 2000; Miller, 2000).

Yet, despite the bleak political and socio-economic climate, the majority of adolescents are still able to look to the future with some degree of hope. One of the most heartening results of this study is that an undertow of zest and vitality in life has not been completely submerged by the harsh realities of day-to-day struggle. In this study, adolescents without wishes for the future are the exception rather than the rule. The wishes of young people inform us of their psychological fortitude. Holding on to wishes and dreams in the midst of death and losses is a statement of resistance – that in spite of everything, one dares to hope. Despite the many tragedies that mark their lives, the narratives of Palestinian youth resonate with a certain degree of optimism.

The wishes of Palestinian youth for positive change correspond closely with what adolescents already know are the important determinants of difficult life conditions. Exposure to the violence of war compounded by other historical, political and social factors have all contributed to the miserable fate of this Palestinian generation. Over the years, young people have witnessed the fragmentation of their social fabric, and existing institutions are steadily being weakened and destabilized as well. It is not surprising, then, that the end of Israeli Military Occupation and the decrease in violation were rated as the most important changes that can significantly improve their lives. Alongside these changes, enhanced family and communal relationships are also perceived as elements that can radically affect the survival course of Palestinian adolescents.

However, with the removal of occupation being a remote option in the immediate future, what is needed first and foremost is the development of systems that will address the needs of severely deprived yet politicized adolescents. Such systems need to transcend individually centered treatment and move to the strengthening of care systems based on community support and commitment. Within the Palestinian context, it is debatable if one to one counseling may be the most appropriate form of intervention since it may merely encourage young people to accommodate themselves to catastrophic life events. Indeed, the



results of this study point to the inadequacy and futility of addressing youth symptoms, complaints and behavior in isolation of the context within which such symptoms and risky behavior arise.

It is imperative that future interventions transcend a focus on the extreme spectrum of psycho-social/mental health and diagnosable conditions experienced on an individual basis. Rather, the focus should be on feelings and responses to severe stress experienced by all young people. In the course of understanding their realities, adolescents can learn to channel their feelings and energies in more positive and adaptive ways. The objective is not to help young people adjust to miserable life conditions, but to provide them with the support they need to respond to external stressors. The challenge lies in working with adolescents to manage their distress while asserting a degree of self-control over their lives. The appropriate services must not only offer them the resource and tools to adapt positively to current realities, but also the potential to exercise their right to participation and agency in constructive ways.

## **Specific recommendations**

### **Development of a community model of intervention**

Although strategies for improving Palestinian young people's lives should aim for the end of occupation and the misery of life within refugee camps especially, more immediate interventions should also take into consideration the differing needs of girls and boys. Since young people live within diverse but interconnected sectors, a sector-wide approach should inform the basis of any community or social intervention. The space within which future interventions can operate is located within the family, the community and the school, as is corroborated by the responses of the adolescents who participated in this study. More importantly, this communal approach neither isolates nor confines the social recovery of adolescents to any one sector or institution such as the family or the school. The assumption is that all social institutions are interlinked and interdependent. The most useful forms of interventions require cutting across the different sectors to integrate their resources and strengths in order to achieve the objective of social recovery and support.

Intervention models that are geared towards adolescents living under such conditions should focus on fostering a sense of purpose, self-confidence, and identity. They should also address the following: a) social participation and engagement; b) appropriate cultural realities and perceptions of youth development and social roles, for example those of girls; c) communal-level factors; d) political contexts of trauma; and e) appropriate psychological and social support mechanisms. Within a Palestinian context, the challenge lies in the development of creative and flexible models that will respond to an ever-changing political and social climate.

## Conclusions and recommendations

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In developing a community model of intervention, it is imperative that needs assessments be conducted within specific communities. Although similarities and commonalities exist across Palestinian communities, they also vary by location and region. In recent times, these differences have been accentuated by the erection of the Separation Wall, and the division of the country into differing zones of political reality, with severe economic and social consequences.

Given these variations, a generalized needs assessment will do scant justice to the problems and needs unique to each social setting. A community-specific needs assessment will not only identify the concerns and worries of youth, but will allow for the formulation of strategies of intervention and the development of resources to meet the needs of the general population, especially as those are intricately linked to the needs of youth in communities. Programmatically, it is impractical to assume that a generalized universal model will address the needs of all communities. Within a Palestinian context, specific model building will serve a more useful purpose and offers the possibility of addressing specific issues in line with specific needs.

### **Strengthening of youth centers and facilities for young people**

Part of the recovery of young people will lie in the building of self respect and a sense of engagement with their worlds. They are bored when they have nothing to do or if they are performing the same activities repeatedly. Since young people spend a sizeable proportion of their time in after-school activities, community youth centers or social clubs can play a useful role in channeling their 'non-focused' energies. The programming of activities should be creative and bold. Their desire for 'fun' activities such as dancing, music and artistic pursuits should be reflected in the programs. Young people can also be trained as environmental and medical volunteers or to take an interest in the histories of grandparents by engaging in oral history projects. The setting up of a youth committee can play a crucial role in the planning and programming of activities. It is critical that community leaders be involved in addressing the problems and increase the availability of social support mechanisms.

It is essential that community clubs cater to the needs of both boys and girls and that an effort is made to include specific hours for female users. More planning and appropriate allocation of resources should be dedicated to their needs and in emphasizing and promoting these centers as safe alternatives to the home. With the completion of the Separation Wall in the rural areas, there is an even more pressing need for greater access to social facilities for young people.



## **Training of youth workers**

An important finding that emerged from the focus groups on sources of support for youth is that young people prefer to share their problems with peers and close friends. They are less likely to confide in older people who are seen as judgmental and retaining old-fashioned ideas. Additionally, despite the availability of counseling resources within schools, they are less than fully utilized. This finding suggests that while seeking advice is not new to boys and girls, the form and structure adopted by professional counseling may inhibit its access and utilization. To redress this problem, attention should be given to developing a more culturally appropriate form of counseling for young people that is more accessible than that which the current system offers and more appropriate for addressing their needs.

The training of young adults as youth workers should be a goal of future work-plans. A key qualification for these positions is a basic interest in working with young people in addition to basic 'people-oriented' and social skills. Youth workers are expected to be involved in planning and programming operations. In addition, they should be well trained in basic counseling skills to offer a 'sounding board' to adolescents who need to vent their feelings.

The advantage of youth workers over older workers lies in the level and strength of understanding and interaction with other young people. Young people are more likely to trust and approach youth workers who see the world in similar ways, as they too have been exposed to the global world in ways that elders have not during their younger days. The workers can also serve as a referral source for adolescents who need more serious attention. Their presence and lack of professional 'formality' can help to break down some of the barriers and prejudices associated with counseling. It is highly likely that there would be less shame attached to seeking the support if not the 'ear' of a youth worker. Youth workers are more likely to be approached for help if they are seen to be interacting with adolescents on an informal basis and if young people are also aware that they can seek them informally after school hours. This study also recommends female and male job sharing to ensure that both boys and girls have access to youth workers during certain days of the week.

## **Creative counseling**

This report does not recommend 'throwing the baby out with the bathwater.' That is, based on the concept of creative counseling, it does not suggest discarding counseling altogether for being a Western treatment model, despite its current shortcomings. Maximizing the potential of counseling lies in recognizing its limitations while orienting its effectiveness as a culturally-sensitive support mechanism. Creative counseling works on the basis of community support, in opposition to a western model of counseling specifically based on the notions of individual pathology and treatment that focuses on face-to-face interaction. This

model of creative counseling recognizes individual coping skills and personal responsibility in making certain changes. Critically, it asks in what capacity and in what role a community can be involved strategically to enhance both an individual and social system of emotional support and sustenance. It emphasizes identifying the communal resources that can be 'exploited' to address the needs of a certain sector of its population.

One of the important conclusions of this study is the degree to which adolescents rely and turn to each other for advice and/or just to have another individual listen to their problems. Instead of minimizing the impact of this 'intervention' already set in place by the young people themselves, the next strategic move is to look at how to strengthen this support system while taking advantage of their trust and interest in helping each other. At the same time, a move can be made to demystify counseling as a professional tool. Just as a little knowledge is a dangerous thing, the aim is not to turn young people into quasi-counselors overnight. Rather, workshops can provide young people with certain basic information on counseling principles and assumptions. For example, they can be taught to recognize when a friend is not functioning or if a friend's behavior is 'abnormal' and when certain problems are beyond their best efforts.

The concept of creative counseling also looks to other counseling forms that utilize the non-professional skills of students. A counseling committee consisting of a combination of community workers, teachers, students and counselor can be set up within schools or communities. The goal of these committees is to respond to questions and problems received from students on an anonymous basis. Our study shows that in every group, there will be at least one to two students who refrain from sharing their problems with others. Our concern is with this small group of students and their inability to reach out and receive support. One way to break their isolation is to give them the opportunity to reach out for help on their own terms. It is possible that they are more likely to seek support during times of crisis if they can write in secret and anonymously to these committees.

### **Utilization of school resources**

Some of the most frequent complaints from school counselors include the lack of time to discharge their responsibilities and a lack of understanding of their roles within the school system. It is not the objective of this report to present a critical assessment of the school counseling system currently in place, suffice to say that school counselors have a key role to play in the mental health status of young people. But they must also learn how to work in teams, and in cooperation with teachers, community workers, the available health and counseling referral centers and the youth themselves.

Rather than overstretch counselors by repeatedly introducing new counseling models, it is worth thinking of alternative means that build on cultural practices,



such as oral history or story-telling. Since the tradition of oral history is indigenous to Palestinian culture, some young people may already be familiar with this form of cultural transmission. They can build teams to work with the older generation, gathering histories and valuable information, writing stories and presenting the material to other classes and schools. Since young people in this study demonstrated such a need and interest to be listened to, a 'story-telling forum' could be initiated once a month. Boys and girls who are willing to participate would have the chance to talk or write about their experiences. Voluntary participation in producing a collective Palestinian history can help to reinforce feelings of normality and identity at a time when both are threatened. Some of these activities will help to transform adolescents from being passive and bored bystanders or refugee camp dwelling troublemakers to actors in creating a more socially integrated environment.





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## Appendix 1

### Recodes and scales

#### Standard of living index/scale

The research team identified 13 variables to reflect the standard of living of the student's families based partially on the distribution of these items among the Ramallah District population (Palestine Central Bureau of Statistics, 1997 census) but also including new consumer items that have appeared since that time. These variables are:

1. Q 29: Internal bathroom (87% PCBS Ramallah district census '97)
2. Q 31: Water pipes (92% PCBS Ramallah district census '97)
3. Q 32: Private family car (32% PCBS Ramallah district census '97)
4. Q 33: Private personal car (32% PCBS Ramallah district census '97)
5. Q 34: Satellite (data not available in '97 census)
6. Q 35: Central heating (4.4% PCBS Ramallah district census '97)
7. Q 36: Computer (7.2% PCBS Ramallah District census '97)
8. Q 37: Automatic washing machine (data not available in '97 census)
9. Q 38: Personal mobile phone (data not available in '97 census)
10. Q 39: Family mobile phone (21% land line)
11. Q 40: Color TV (91% both black and white, colored less)
12. Q 41: Internet use (data not available in '97 census)
13. Crowding rate

The above variables were transformed into scores between 0 and 100. In the questions with yes/no responses, 'yes' was awarded 100 points and 'no' 0 points. This is the case for the first 11 indicators. The twelfth indicator, Internet use, had three different options: access to Internet from home (100 points), access to Internet from other sources (50 points), and no access to Internet (0 points).

The 13<sup>th</sup> indicator, the crowding ratio (cr), was calculated as the total number of persons living in the household divided by the number of rooms.

The cr score was calculated as follows:

$$\text{Scr} = \text{score of crowding ratio} = (1 - (\text{cr} / \text{max}(\text{cr})) * 100.$$

The above equation gives a score of zero for the family with maximum crowding ratio and 100 points for the family with 0 crowding ratio.

Two standard of living indicators are calculated:

a) equal weights standard of living index

$$\text{STL (equal weights)} = (\text{sq29} + \text{sq31} + \text{sq32} + \text{sq33} + \text{sq34} + \text{sq35} + \text{sq36} + \text{sq37} + \text{sq38} + \text{sq39} + \text{sq40} + \text{sq41} + \text{sq42} + \text{scr}) / 13$$

The STL (equal weights) is an index that varies between 0 and 100 points

b) Weighted Standard of Living Index (WSTL)

The weighted standard of living index was based on weights given to each index based on factor analysis results.

Factor analysis was conducted on the 13 indicators. Factor analysis tries to reduce the dimensions of a certain set of variables. This analysis tries to extract the principal component. The principal component extracted by factor analysis could be thought of as the latent dimension that represents standard of living. Therefore, a natural way of ordering the power of how much a certain indicator reflects standard of living is by its correlation with the principal component. The following tables represent the output obtain from factor analysis of the 13 indicators.

Factor analysis

The weight of each indicator was extracted from the third table (component matrix) which contains the correlation of each variable with the first three components. The first component is the most important one. Therefore, the weight of each indicator is proportional to the correlation of the indicator with the first component. These correlations are presented in the second table.

Communalities			Component matrix <sup>a</sup>			
	Initial	Extraction	Component			
			1	2	3	
SQ29	1.000	.609	.334	.595	.378	
SQ31	1.000	.569	.211	.566	.451	
SQ32	1.000	.397	.597	-1.28E-02	-.201	
SQ33	1.000	.397	.290	-.360	.427	
SQ34	1.000	.395	.555	.184	-.231	
SQ35	1.000	.361	.486	-.336	.107	
SQ36	1.000	.470	.666	-.135	-8.77E-02	
SQ37	1.000	.295	.512	.114	-.141	
SQ38	1.000	.456	.507	-.347	.278	
SQ39	1.000	.363	.417	.128	-.415	
SQ40	1.000	.284	.306	.305	-.311	
SQ41	1.000	.507	.653	-.273	7.291E-02	
SCR	1.000	.360	.566	.169	.107	

Extraction method: principal component analysis

<sup>a</sup> 3 components extracted



Total variance explained

Component	Initial Eigenvalues			Extraction sums of squared loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.119	23.996	23.996	3.119	23.996	23.996
2	1.316	10.121	34.117	1.316	10.121	34.117
3	1.026	7.891	42.008	1.026	7.891	42.008
4	.931	7.159	49.168			
5	.885	6.808	55.976			
6	.852	6.558	62.533			
7	.810	6.234	68.768			
8	.792	6.093	74.860			
9	.764	5.880	80.741			
10	.715	5.500	86.241			
11	.665	5.112	91.353			
12	.642	4.940	96.293			
13	.482	3.707	100.000			

Extraction method: principal component analysis

The weighted standard of living index was then calculated as follows:

STL (weighted) =  $(0.334 \cdot sq29 + 0.211 \cdot sq31 + 0.597 \cdot sq32 + 0.29 \cdot sq33 + 0.555 \cdot sq34 + 0.486 \cdot sq35 + 0.666 \cdot sq36 + 0.512 \cdot sq37 + 0.507 \cdot sq38 + 0.417 \cdot sq39 + 0.306 \cdot sq40 + 0.653 \cdot sq41 + 0.566 \cdot scr) / 6.101921$

where 6.101 is the sum of the correlations. The STL (weighted) varies between 0 and 100 points.

Other scales used in the report

Collective exposure to trauma (alpha for 15 item scale = .870) consisted of the following variables:

a) House shot at (q50)	i) Strangers arrested (q75)
b) House bombed or shelled (q51)	j) Strangers injured (q76)
c) Shelling in the neighborhood (q52)	k) Strangers killed (q77)
d) Exposed to tear gas (q61)	l) Friends humiliated (q82)
e) Exposed to sound bombs (q62)	m) Friends arrested (q83)
f) Witnessed shooting (q72)	n) Friends injured (q84)
g) Witnessed explosions/shelling (q73)	o) Friends killed (q85)
h) Strangers humiliated (q74)	

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**Individual trauma (alpha for 19 item scale = 0.8151) consisted of the following variables:**

a) House searched (q46)	k) Humiliated (cursed, bullied, shoved, dragged) (q66)
b) House occupied while you were in it (q47)	l) Stripped in public (q67)
c) House occupied and you were thrown	m) Interrogated (q68)
d) House sealed or demolished (q49)	n) Tortured (q69)
e) Beaten by the army (q53)	o) Family humiliated (q78)
f) Beaten by settler(s) (q54)	p) Family arrested (q79)
g) Used as a human shield (q60)	q) Family injured (q80)
h) Body searched (q63)	r) Family killed (q81)
i) Shot at and/or hit (q64)	s) Since March 2002 until the present, number of times injured by occupation-related violence (e.g. from shooting, shelling, beating by army or settlers) (q91)
j) Detained and/or arrested (q65)	

**Extreme symptoms, other than subjective health complaints (alpha for 8 items = 0.68) consisted of the following variables:**

a) Trembling (q148)	e) Inability to concentrate on studies (q160)
b) Loss of appetite/weight loss (q154)	f) Difficulty sleeping (q161)
c) Feelings of uncontrollable fear (q158)	g) Having nightmares (q162)
d) Inability to do normal daily tasks (attend school, house chores, work) (q159)	h) Crying episodes (q163)

**Subjective health complaints like the HBSC (scale alpha = 0.815) consisted of the following variables:**

a) Headache (q139)	e) Irritability or bad mood (q143)
b) Stomach ache (q140)	f) Feeling nervous/jumpy (q144)
c) Backache (q141)	g) Difficulty getting to sleep (q145)
d) Feeling low (depressed) (q142)	h) Feeling dizzy (q147)

**Political activism (alpha = .709) consisted of the following variables:  
School satisfaction scale (9 item alpha = 0.8692) consisted of the following variables:**

a) Participation in a demonstration or a protest march since March 2002 (q227)	c) Visited the family of a prisoner (q229)
b) Visited the family of a martyr (q228)	d) Visited the wounded (q230)



**School satisfaction scale (9 item alpha + 0.8692) consisted of the following variables:**

a) How do you feel about school at present? (q308)	f) Our teachers treat us fairly (q326)
b) The rules in this school are fair (q311)	g) When I need extra help, I can get it (q327)
c) I feel our school is a nice place to be (q317)	h) My teachers are interested in me as a person (q328)
d) I feel I belong at this school (q318)	i) Most of my teachers are friendly (q329)
e) I feel safe at this school (q319)	

**Parent relationship scale (alpha for 10 items = 0.80) consisted of the following variables:**

a) Father (q271)	g) If I have a problem at school, my parents are ready to help (q291)
b) Mother (q272)	h) My parents are willing to come to school to talk to teachers (q293)
c) My parents understand me (q277)	i) My parents encourage me to do well at school (q294)
d) I have a happy home life (q278)	j) My parents are interested in what happens to me at school (q295)
e) My parents trust me (q280)	
f) What my parents think of me is important (q282)	









